

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 367 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25029
Registrar's No. 73

Registration District No. 278

Primary Registration District No. 3054

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution:
116 North 8 th. St.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike
(c) City or town Louisiana
(d) Street No. 116 North 8 th. St.
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR SAMUEL HIRONS
(b) If veteran, name war NO
(c) Social Security No. 490-18-579

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3, 1947
year _____ hour 2 minute 0 A.M.
21. I hereby certify that I attended the deceased from July 1, 1947
to July 3, 1947
that I last saw him alive on July 2, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martina Tuley Hirons
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 23 1871
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Duration 1 day
Due to Chronic Arterio Sclerosis several years

8. AGE: Years 76 Months 3 Days 10
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Due to _____

9. Birthplace Lagrange, Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Pharmacist
11. Industry or business Drug Store

12. Name Samuel Hirons
13. Birthplace ?
14. Maiden name Mary Laundermilk
15. Birthplace ?

16. (a) Informant Mrs. Oscar Hirons
(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 7/5/47
(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Palmyra, Mo.
(b) Address Palmyra, Mo.
19. (a) 7/3/47 (b) Bernice Callier
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert P. Anderson (M. D. or other) M.D.
Address 216 Georgia St. Louisiana Date signed 7-3-47

MAR 10 1948

RECEIVED
District Health Officer No. 10
District File Number 2-17-1003
Date AUG - 5 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXX~~.....

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

Signed *George C. Wagner*
Licensed Embalmer No. 3773
P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.