

FILED DEC 12 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 923 A

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 1/2 days.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Golden City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 1/2 mi. N. of Golden City
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora J. Hazlitt.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex f. 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June (Month) 9 (Day) 1876 (Year)

8. AGE: Years 71 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation H.W.

11. Industry or business _____

MOTHER FATHER { 12. Name not known Dec.
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known Dec.
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Fred Hazlitt (son)
(b) Address Golden City Mo. R.R. #2.

17. (a) Burial (b) Date thereof Oct. 25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cem. Lamar Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City Mo.

19. (a) 11-22-47 (b) W. J. Landley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 25 year 1947 hour 3 min. 0 M.

21. I hereby certify that I attended the deceased from Oct 18th to Oct 25th 1947.
that I last saw her alive on Oct 24 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of large int -
Carcinoma of large int -
Due to _____

Other conditions _____ (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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? _____ (City or town) (County) (State)
(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 J. R. Rammstein (M. D. or other) 11/3/47
Address Springfield Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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FEB 20 1958

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. F. Rugh

Licensed Embalmer No. *3278*

P. O. Address *Golden City 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.