No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5470

FILED MAR 4 1949

Registration District No. 1949

Primary Registration District No. 3043

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 999

(c) City or town Barry 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Lawerence W. Hoskins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josie

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. (Month) 15 (Day) 1895 (Year)

8. AGE: Years 52 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Licensed Plumber

11. Industry or business

FATHER
12. Name Alonzo Hoskins
13. Birthplace Richfield (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Ella Moore
15. Birthplace Richfield (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Jack L. Hoskins
(b) Address Barry, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Thos. N. Lock
(b) Address Barry, Illinois

19. (a) 2-27-48 (Date received local registrar) (b) E. M. Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 17, 1948, to Feb 24, 1948, that I last saw him alive on Feb 24, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	Feb 17
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

C4A

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John C Rowers (M. D. or other) MD

Address Barry, Ill. Date signed 2-26

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Thos. H. Lock

Licensed Embalmer No. 6982

P. O. Address Barry Ill.

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.