

STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1948

Registration District No. _____

Primary Registration District No. 5305

Registrar's No. 5

1. PLACE OF DEATH

(a) County Cole Liberty Twp.

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

(c) Name of hospital or institution In city limits
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Osage City 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. In city limits
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ (1)

3. (a) PRINT FULL NAME Mary Ellen Hoops

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1948 to May 2 1948
that I last saw h. em alive on May 2 1948
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: June 17 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to hypertension and cardiac vascular disease

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy C 7 17

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>10</u>	<u>14</u>	_____ hr. _____ min.

Duration 3 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant George W. Hoops
(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof 5-4-48
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Osage City, Mo.

18. (a) Signature of funeral director James Sewell
(b) Address 710 J. H. ...

19. (a) 5-5-48 (b) R. P. Davis MD
(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? _____
(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 Devin D. Taylor (M. D. or other) M.D.
Address Jefferson City Date signed 5-5-48

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

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RECEIVED
District Health Officer No. 9,
District File Number
MAY 13 1948
Date Filed

JAN 25 1951

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

Orwell J. Freeman

Registered Apprentice No.

481

working under my personal supervision.

Signed

J. M. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jmo.

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.