

STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1948

Registration District No. 155

Primary Registration District No. 4244

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Castertsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 124 E Wilson 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Castertsville
(If outside city or town limits, write "RURAL")
(d) Street No. 124 E Wilson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Della Hines

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1948 hour 8:30 minute P.
21. I hereby certify that I attended the deceased from 10-16-48
to 4-15-48
that I last saw her ER alive on 4-2-48
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12-9-1866
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

8. AGE: Years 81 Months 4 Days 6 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation at home

Major findings: Of operations g4w
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Connell
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Robert
15. Birthplace Ill
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Georgia Green
(b) Address Guysboro, Okla.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof April 20 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Castertsville Cem.
18. (a) Signature of funeral director W.H. City and Co.
(b) Address W.H. City and Co.
19. (a) APR 20 1948 (Date received local registrar) (b) St. Paul (Registrar's signature)

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or Other) _____
Address Castertsville Mo Date signed 4-20-48

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 W. Ross Blanford

Licensed Embalmer No. 5415

P. O. Address W. B. 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.