

FILED JUN 4 1948

Registration District No. **324**

Primary Registration District No. **3072**

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

1. PLACE OF DEATH: **Saline**
 (a) County **Saline**
 (b) City or town **Slater, Marshall, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Fitzgibbons Hospital**
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **3 weeks**
 In this community **25 years**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Saline**
 (c) City or town **Slater, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Walter Hoskins**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **July 20 1877**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **6** If less than one day
 hr. _____ min. _____

9. Birthplace **Van Buren Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **book keeper**

11. Industry or business _____

12. Name **Chas. Hoskins**

13. Birthplace **don't know**
 (City, town, or county) (State or foreign country)

14. Maiden name **Thodosha Hill**
 (City, town, or county) (State or foreign country)

15. Birthplace **don't know**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Glenn Mitchell**
Slater, Mo.

(b) Address **burial**
 (Burial, cremation, or removal) (b) Date thereof **5-28-48**
 (Month) (Day) (Year)

(c) Place of burial or cremation **Hill Brothers**

18. (a) Signature of funeral director **Slater, Mo.**

(b) Address _____

19. (a) **May 28-1948** (b) **Sidney J. Gray**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**
 year **1948** hour **3** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Feb. 1945** to **May 26 1948**
 that I last saw him alive on **May 26 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of sigmoid** Duration **1 yr.?**

Due to _____
 Due to **46E**

Other conditions **Arteriosclerotic disease**
 (Include present only within 3 months of death)
Ch. Coronary Disease

Major findings: **Ch. Coronary Disease** PHYSICIAN
 Of operations _____
 Of autopsy **Carcinoma of sigmoid**
 Underline the cause to 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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature **W. M. Sweeney, M.D.** (M. D. or other)
 Address **Slater, Mo.** Date signed **5/28/48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-3-48

JUL 1 1948

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 _____

Guy P. Hays Jr., Registered Apprentice No. 88
working under my personal supervision.

Signed Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address State 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.