

FILED AUG 11 1948

State File No. _____

Registration District No. 291

Primary Registration District No. 5991

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural
(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 Sarah Ann Hoskin

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

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife if Samuel J. Hoskin
6. (c) Age of husband or wife if 13 years

7. Birth date of deceased 11-13-1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 2
If less than one day hr. _____ min. _____

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

10. Usual occupation Home Keeper

11. Industry or business _____

12. Name Warren Mitchell

13. Birthplace Mo.
(State or foreign country)

14. Maiden name Nancy Blue
(State or foreign country)

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

16. (a) Informant Clark Hoskin

(b) Address 1001 East Main, Unionville, Mo.

17. (a) 73 (b) Date thereof 7-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville, Mo.

19. (a) 8-6-48 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1948 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw her alive on July 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
Duration 7 years

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 490

PHYSICIAN

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) _____
Means of injury _____

23. Signature Chas. L. Lippert (M. D. or other) D.O.
Address Unionville, Mo. Date signed 7-16-48

MOTHER FATHER

RECEIVED

District Health Officer No

District File Number 8-48

Date Filed AUG 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.