DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1948

Registration District No. 3861

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4515-

State File No. 25192

Registrar's No. 34

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Milan Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether In this community years, months or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Sullivan 105
(c) City or town: Milan (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: Lee Edward Hoskins
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth McKinstry
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: 3 (Month) 28 (Day) 1897 (Year)
8. AGE: Years 51 Months 4 Days 3 If less than one day hr. min.
9. Birthplace: Sullivan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Pool Room operator
11. Industry or business:
MOTHER FATHER
12. Name: Tom Ed Hoskins
13. Birthplace: Sullivan Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Becky Noack
15. Birthplace: Sullivan Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Ruth Hoskins
(b) Address: Milan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Milan - Oakwood
18. (a) Signature of funeral director: [illegible]
(b) Address: Milan Mo.
19. (a) July 29 - 1948 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1948 hour 1 minute a M.
21. I hereby certify that I attended the deceased from June 1, 1948 to July 1 1948; that I last saw him alive on July 1 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute nephritis	3 wks.
Due to: Nephritis -	10 days.
Due to: Acute endocarditis -	10 days.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other) 109
Address: Milan Date signed 7-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 8-48-
Date Filed AUG 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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.