

BUREAU OF THE CENSUS
FILED NOV 3 1948MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33723

State File No. _____

Registration District No. _____

Primary Registration District No. 59-36

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE
 (b) City or town RURAL - Calumet
 (c) Name of hospital or institution:
2 mile south of Annada
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 mile south of Annada
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ELMER WILLIAM HARE

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced6. (b) Name of husband or wife Emma Long 6. (c) Age of husband or wife if alive 71 years7. Birth date of deceased 1 AUG. 14 1872
(Month) (Day) (Year)8. AGE: Years 76 Months 2 Days 9 If less than one day hr. _____ min. _____9. Birthplace TEMPLEAU WIS. 1
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
 12. Name Arthur Hare
 13. Birthplace Annada, Mo.
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Hare
(b) Address Annada, Mo.17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Epiphany City Cem.18. (a) Signature of funeral director Edmund Dick
(b) Address Gloversburg, Mo.19. (a) 10-26-48 (b) Jude Richard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 23
year 1948 hour 9 minute 15 p.m.21. I hereby certify that I attended the deceased from OCT 15, 1948, to OCT 23, 1948; that I last saw him alive on OCT 23, 1948; and that death occurred on the date and hour stated above.Immediate cause of death CARCINOMA, GASTRIC Duration 2 1/2 yrs

Due to _____

Due to _____

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

Major findings: Of operations HP PHYSICIAN _____

Of autopsy _____ 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) (e) Means of injury _____

23. Signature Edmund Dick (M. D. or other) M.D.Address ELS BERRY, MO Date signed 10/24/48

10-16-48

RECEIVED

District Health Officer No. 10

District File Number 10-48-18

Date Filed OCT 29 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 *W. Garland*
Licensed Embalmer No. 40126
P. O. Address *Esberry, M.*

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, above space should be left blank.