

No. 2
-5-43
-17-39
X36671

State File No. _____

Registrar's No. 1274

FILED DEC 6 1948
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
Duncan Rest Home - 723 So. 11th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 723 South 11th, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Hosford

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1948 hour 4 minute 30 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Iris

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 16, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
November 15, 1948 to November 22, 1948
that I last saw him alive on November 21, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>79</u>	<u>0</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death: Hypostatic Pneumonia Duration 2 days

Due to Arteriosclerotic heart Disease 5 yrs.

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

10. Usual occupation Retired

Other conditions: Left Hemiplegia, old
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Plumbers Helper

12. Name Johnathan Hosford

13. Birthplace Unk Indianax
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Bagleton

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

Major findings:
Of operations ✓

Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. E. Asbury

(b) Address 204 W. Colorado - St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

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? _____

18. (a) Signature of funeral director Stanley Funeral Home
St. Joseph, Missouri

(b) Address _____

19. (a) 12-1-48 (b) B. C. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place) _____

(e) Means of injury ○

23. Signature Edward Schneider (M. D. or other) _____

Address The Schneider Bldg. Date signed 11/23/48
St. Joseph, Mo.

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.....

George A. Kerby

....., Registered Apprentice No. 264

working under my personal supervision.

Signed

John Roy Stawley

.....
Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.