

Registration District No. 272

Primary Registration District No. 6912

1. PLACE OF DEATH:

(a) County Deming

(b) City or town Stall, Mo Rural
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deming

(c) City or town Stall Rural
(If outside city or town limits, with "RURAL")

(d) Street No. Virginia St
(If rural, give location)

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

3. (a) PRINT FULL NAME Johnathan Ellis Hoskins

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, year 1948 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from 7-29, 1948, to 12-22, 1948, that I last saw him alive on 12-22, 1948, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased March 11 1876
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis Duration 2 days
Arteriosclerosis
Hypertension

Due to _____

Due to _____

8. AGE: Years 72 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Uranville, Mo. 21. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name George Hoskins

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

14. Maiden name Unknown

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

16. (a) Informant Charlie Hoskins

(b) Address Stall, Mo Rt # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 24 48
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cem.

18. (a) Signature of funeral director J. S. Brown

(b) Address Stall, Mo

19. (a) 12-21-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

Major findings: Of operations [Signature]

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature F. B. Farnsworth (M. D. or other) Do.

Address Braggadoocio, Mo. Date signed 12-27-48

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

1-49-1

JUN 26 1951

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..... John W. German

Licensed Embalmer No..... 4355

P. O. Address..... Hayti, 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.