

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 19 1949

State File No. **24123**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 4320		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra			
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE			b. (Middle)		c. (Last) HOSMAN		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married		8. DATE OF BIRTH Sept. 4, 1860		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hannibal Rev. N. Kauffman, 1417 Broadway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis				DUE TO (b) _____			1500
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 21, 1949 , to July 5, 1949 , that I last saw the deceased alive on June 21, 1949 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. M. Lichte, M.D.				23b. ADDRESS Hannibal		23c. DATE SIGNED 7-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/7/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.		
DATE REC'D BY LOCAL REG. 7-12-49	REGISTRAR'S SIGNATURE By Thela Lee		FURNERAL DIRECTOR'S SIGNATURE Kathryn A. Schwartz		ADDRESS Hannibal, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal

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.