

S. No. 2
M-5-42
7-5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

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

REGISTRATION DISTRICT NO. 253

PRIMARY REGISTRATION DISTRICT NO. 4384

REGISTRAR'S NO.

1. PLACE OF DEATH:

(a) County Madawasky

(b) City or town Skidmore
(If outside city or town limits, write "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 None
(Specify whether years, months or days)

In this community About 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawasky

(c) City or town Skidmore
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Lucy Maria Hitchcock

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1943 hour minute M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife A. F. Hitchcock 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: May 8 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10, 1943 to Jan 20, 1943
that I last saw her alive on Jan 20, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 12 If less than one day hr. min.

Immediate cause of death: Diabetic Gangrene of Left foot.

Due to 61

9. Birthplace: Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations: Of autopsy:

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Charley Plummer

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

14. Maiden name: Elizabeth Colwell

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

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?

16. (a) Informant H. F. Hitchcock

(b) Address Skidmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 43
(Month) (Day) (Year)

(c) Place: burial or cremation:

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marshall Mo

19. (a) None (Date received local registrar) (b) Ann Rulph Scott (Registrar's signature)

23. Signature: H. B. Burton D.D. (Specify type of place) (c) Means of injury:

Address: Skidmore, Mo. Date signed: 1/21/43

W. O. Shields
Graham 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Campbell*

Licensed Embalmer No..... *2670*

P. O. Address..... *Marionville 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.