S. No. 2
M—8-43
5-17-39
P 1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20591

State File No.

FILED JUL 14 1945

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 weeks (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Jasper

(c) City or town Webb City 6 (If outside city or town limits, write "RURAL")

(d) Street No. 308 S Liberty 9 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Blanche Moore Hitner

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased July (Month) 27 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	11	hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Robert Moore
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Elizabeth Winkler
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Ralph D Foulkes

(b) Address Pittsburg Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Webb City Fund Co.

(b) Address Webb City Mo

19. (a) June 8 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 7 year 1945 hour 12 15 minute A. M.

21. I hereby certify that I attended the deceased from Mar 26, 1945, to June 7, 1945, that I last saw her alive on June 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinomatosis generalized from	
Due to primary carcinoma left breast	2 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 50

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H E Byrd M D O (M. D. or other)

Address Carthage Mo Date signed 6-7-45

1203

(Licensed Embalmer's Statement on Reverse Side)

45-6-572

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 Myself, Registered Apprentice No., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.