

FILED JAN 11 1946

Registration District No. _____

Primary Registration District No. **4200**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Ash Grove, Missouri
(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 lifetime

3. (a) PRINT FULL NAME Thomas Albert Hosman.
 3. (b) If veteran, name war me
 3. (c) Social Security No. me

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary E. Stockton Hosman
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 22
 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business General Grain & Stock Farm

12. Name Alfred Hosman

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

14. Maiden name Mary Boone

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

16. (a) Informant Mr. Mary E. Hosman

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Dec. 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Genea Bann

(b) Address Walnut Grove Mo

19. (a) 12/28-1945 (b) Orville H. Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Ash Grove, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 ^{it}
 year 1945 hour _____ minute 45 p.m.
 21. I hereby certify that I attended the deceased from June
 1945 to Dec 26 1945
 that I last saw him alive on Dec-25 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremial Coma
 Due to Renal + Semi acute
Locked Bowel
 Due to Probable "Carcinoma"
Prostate
 Other conditions gastrostomy with esophageal
(Include pregnancy within 3 months of death)
drainage June 1945
 Major findings _____
 Of operations _____
 Of autopsy AK

Duration
1 yr. 2 mks
1 yr +
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)
 (e) Means of injury _____
 23. Signature Orville H. Wilson (M. D. or other)
 Address Ash Grove Mo Date signed 12/27/45

1650

RECEIVED

Greene County Health Office,

County File Number.....

Date Filed.....

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 Warren D. Nollett

Licensed Embalmer No. 4005

P. O. Address Cash Grove, 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.