

S. No. 2
M-9.4-41
Rev. 5-17-39
X29246

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27014**

FILED SEP 11 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 251

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: South East Miss. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community Entire life 1 day

3. (a) PRINT FULL NAME Perry Hitchcock

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Hitchcock

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

7. Birth date of deceased March 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>6</u>	hr. min.

9. Birthplace Egypt Mills Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation labourer

11. Industry or business timber

12. Name W. S. Hitchcock

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

14. Maiden name Sarah Garrison

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

16. (a) Informant Mrs. Lucille Medlock

(b) Address Neelys Landing, Mo.

17. (a) Burial (b) Date thereof Aug 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Cemetery

18. (a) Signature of funeral director J. G. Graves

(b) Address 1014

19. (a) 8-17-45 (b) J. G. Graves
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir 16

(c) City or town Jackson Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1945 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 8 1945 to July 12 1945
that I last saw h. 1 M alive on July 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 30 min

Due to Coronary disease 2 hr

Due to

Other conditions Hypotension ?
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 940

Of autopsy

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? (Specify type of work)

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 8/13/45

RECEIVED

District Health Officer No. 4
District File Number 945-1072
Date Filed 9-8-45

JUL 22 1957

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

J. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Putnamville, 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.