N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6186
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 1 Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 262
(c) City St. Joseph (d) Street No. Missouri Methodiast Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. —mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johanna Hoverson 162
(a) Residence, No. St. R.F.D. #5. St. Joseph, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herbert C. Hoverson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1878.
7. AGE: 59 YEARS, 8 MONTHS, 3 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) 1937.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph, Missouri

FATHER
13. NAME: William Shea
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ireland

MOTHER
15. MAIDEN NAME: Mary Dooley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ireland

17. INFORMANT (ADDRESS): Herbert C. Hoverson, R.F.D. #5. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Memorial Park Cemt
PLACE St. Joseph, Mo DATE March 2 38
19. FUNERAL DIRECTOR (ADDRESS): H. O. Sidenfaden and Son, 1802 Union Str. St. Joseph, Mo.
20. FILED 3/1, 1938 H. J. Nettlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1938, to 2/27 1938
I last saw her alive on 2/27, 1938. Death is said to have occurred on the date stated above, at 7:20P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	3 Days
188	

Other contributory causes of importance:

Myocarditis	?

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. S. Transon, M. D.
(Address) 620 Francis

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

----- L. E. ------ -----

No. ---- or by ----- ----, Registered Apprentice No. -----

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)