

REC'D AUG 11 1938

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

24787

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan  
(b) Township  
(c) City St. Joseph  
(e) Length of residence in city or town where death occurred 31 yrs. mos. ds.

Registration District No. 85  
Primary Registration District No. 1001

Registered No. 748

(d) Street No. Missouri Methodist Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oliver Martin Hoover

(a) Residence, No. 2409 Doniphan Ave., 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lily B. Hoover</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 29, 1873</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Commission man</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>31</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peabody, Kansas</u>				
FATHER	13. NAME <u>Levi Hoover</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Sophie Bechtel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Indiana</u>			

17. INFORMANT Mrs. Lily B. Hoover  
(ADDRESS) 2409 Doniphan, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE July 19, 1938

19. FUNERAL DIRECTOR Walter Meinhoffer  
(ADDRESS) 1302 Farson, St. Joseph, Mo.

20. FILED 7-19-38 H. H. H. H.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938

22. I HEREBY CERTIFY That I attended deceased from July 10, 1938, to July 16, 1938  
I last saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation following resection of rectal sigmoid for carcinoma

Date of onset

Other contributory causes of importance:

Carcinoma of rectal sigmoid

Name of operation Resection Recto-sigmoid Date of July 13-38

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify \_\_\_\_\_

(Signed) H. H. H. H.(Address) 301 North 8th, St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. H. Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

yes I. E. yes

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Walter H. Kelly

Licensed Embalmer No. 3946

**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.)**