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

REC'D DEC 14 1938

38199
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 399
(b) Township Kaw | Primary Registration District No. 1002 | Registered No. 4433
(c) City Kansas City | (d) Street No. St. Joseph's 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 160 JOHN WILLIAM HOOVER
(a) Residence, No. 1608 East 35th St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie May Hoover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	6	9	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. J. W. Hoover,
(ADDRESS) 1608 East 35th St. Kansas Cy., Mo.

18. BURIAL, CREMATION OR REMOVAL Calvary Cemetery
PLACE Kansas City, Mo. DATE Nov. 15, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED Nov 14, 1938 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to Nov. 13, 1938
I last saw him alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at A. m. 1:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Dilitation of Heart	11/12/38
2. Chronic Arteriosclerosis	?
3. Subacute Bronchial Asthma	?
~~4. Ulcer~~ Hrs.	

920

Other contributory causes of importance:
1. Chronic Myocarditis ?
2. Chronic Arteriosclerosis ?

Name of operation ✓ Date of ✓
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? ✓ 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) A. E. Dudley M. D.
(Address) 816 E. Armour Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.