

DEC 19 1938

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

40553
Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 842
(b) Township Pierce Primary Registration District No. 6104 Registered No. _____
(c) City Crane (d) Street No. _____ 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

1601 Rose Anna Hoover
(a) Residence, No. Crane Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Hoover
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 8 8

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. House wife
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME William Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. L. C. Darrall Crane Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion's DATE Nov 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Manlove Crane Mo.

20. FILED 11-28 1938 Mrs. Ethel Doughty Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb - 15 - 1936, to Nov - 22 - 1938
I last saw her alive on Nov - 22 - 1938 Death is said to have occurred on the date stated above, at 5:30 AM.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset 1930
Hypertension
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Ulcer 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. Home

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. L. Kerr, M. D.
(Address) Crane Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 6,

District File Number 6-38-761

Date Filed DEC 13 1938

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, George

H. Manlove

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

George H Manlove

Licensed Embalmer No.

3827

P. O. Address

Crane 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, above space should be left blank.