

1939

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

44602  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
 (b) Township Marshall Primary Registration District No. 6039  
 (c) City Marshall (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 George Franklin Hoyes

(a) Residence, No. R.F.D. 4 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 Male 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 Mina Clancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
82 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Indiana

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

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

17. INFORMANT Russell Hoyes  
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Dec. 11 1938

19. FUNERAL DIRECTOR J.L. Sweeney  
 (ADDRESS) Marshall, Mo.

20. FILED 12-10-38 Mary Kent  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1938 to Dec 8, 1938  
 I last saw deceased alive on Dec 8, 1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia Date of onset Nov 21,

1072

Other contributory causes of importance:  
Prostatism

Name of operation none 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? no  
 If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.  
 (Address) Marshall, 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.

RECEIVED  
District Health Officer No. 8,  
District File Number 11/0/39  
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Sweeney, Licensed Embalmer No. 3235  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. Leslie Sweeney  
Licensed Embalmer No. 3235

**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.)**