

REC'D FEB 15 1939

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

3018
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 546
(b) Township Johnson Primary Registration District No. 5735 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

430 Laura E. Hoops
(a) Residence, No. St James 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ezekiel Hoops
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 28
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. _____
10. Date deceased last worked at this occupation (month and year) Jan 10 1939 11. Total time (years) spent in this occupation 50 1/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay co Ind 1
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 1
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) May Bullock St James mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Southard cem DATE 1-13 1939
19. FUNERAL DIRECTOR (ADDRESS) W E Rickhiser St James mo
20. FILED Jan 28 1939 Sam A. Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1939, to Jan 11 1939, last saw him alive on Jan 10 1939. Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar left Date of onset 1-2-39
Other contributory causes of importance: 10 1/2
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? no
If so, specify _____ (Signed) William H. Green, M. D.
485 (Address) St James mo

(Licensed Embalmer's Statement on Reverse Side)

WHILE EARLY, WITH ONFADING IMPRESSIONS IS A PERMANENT RECORD
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, Walter Leckler, Licensed Embalmer No. 1970

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Walter Leckler

Licensed Embalmer No. 1970

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.)