

REC'D JUN 8 1939

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

Dr. F. Camp

18597

Do not use this space.

1. PLACE OF DEATH

(a) County GREENERegistration District No. 318(b) Township SPRINGFIELDPrimary Registration District No. 2001Registered No. 363(c) City SPRINGFIELD(d) Street No. 1260 Meadowmere 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

(a) Residence, No. 215 Roche W Hogeboom
1260 Meadowmere St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Cornel Hogeboom6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 18757. AGE YEARS 63 MONTHS 5 DAYS 22 IF LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician & Surgeon
9. Industry or business in which work was done, as saw mill, bank, etc. Surgeon
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) Oskaloosa,
(STATE OR COUNTRY) KansasFATHER 13. NAME Geo. W. Hogeboom14. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Sophia Buckner16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)17. INFORMANT Cornel Hogeboom
(ADDRESS) 1260 Meadowmere City18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE May 21, 193919. FUNERAL DIRECTOR (NAME) Alma Schreyer
(ADDRESS) Springfield, Mo.20. FILED 5-17 1939 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 193922. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1939, to May 1, 1939I last saw him alive on Apr. 30, 1939. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

Lympho-epithelioma-
meso-pharynx. Date of onset 1938Other contributory causes of importance: H1Name of operation Surgery Date of Dec 10, 39What test confirmed diagnosis? Pathology 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) Francis P. Camp, M. D.(Address) Springfield

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.