

REC'D SEP 12 1939

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

28620  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1001  
(c) City St. Joseph (d) Street No. 1402 N. 13th St.  
(e) Length of residence in city or town where death occurred 72 yrs. 7 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Katherine Alice Hoey  
(a) Residence, No. 1402 N. 13th. 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 <u>Female</u>	4. COLOR OR RACE <u>c White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 24, 1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	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)	<u>St. Joseph Missouri</u>	
FATHER	13. NAME	<u>James Hoey</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown Unknown</u>
MOTHER	15. MAIDEN NAME	<u>Alice McManus</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown Ireland</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Mary T. Brown 1402 N. 13th. Str. St. Joseph, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt. Olivet Cemete St. Joseph, Mo. DATE Aug. 21, 1939</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>H. C. Sidenfaden &amp; So 802 Union Str. St. Joseph, Mo.</u>	
20. FILED	<u>8/21 1939 H. G. Northbach Local Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18 1939

22. I HEREBY CERTIFY That I attended deceased from never treated Patient, 1939  
I last saw h. or alive on 8/18/39, 1939. Death is said to have occurred on the date stated above, at 5:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
apparent Heart Attack  
Saw Patient for first time immediately after death  
Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis History Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1939  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify None  
(Signed) H. G. Northbach, M. D.  
(Address) 825 Chester St. St. Joseph, 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.

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**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 *Albert C. Harrington*.....

Licensed Embalmer No. *3258*.....

P. O. Address *St. Joseph, 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.**