

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

REC'D SEP 8 1939

29236
 Do not use this space.

1. PLACE OF DEATH

(a) County HARRISON Registration District No. 240
 (b) Township WHITEOAK Primary Registration District No. H203
 (c) City NEW HAMPTON (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 EMOLINE VAN HOOZER

(a) Residence, No. NEW HAMPTON 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 S
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 9 1872

7. AGE YEARS 66 MONTHS 10 DAYS _____
 If LESS than 1 day, _____ hrs. or _____ min.

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 KEEPER
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. LIFE

12. BIRTHPLACE (CITY OR TOWN) GENTRY CO MISSOURI
 (STATE OR COUNTRY)

13. NAME JACOB VAN HOOZER

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

15. MAIDEN NAME EMELINE CHILDERS

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

17. INFORMANT B H VanHoozer
 (ADDRESS) New Hampton MO

18. BURIAL, CREMATION, OR REMOVAL PLACE LOAN STAR DATE Aug 10 1939

19. FUNERAL DIRECTOR (NAME) W J Nolle
 (ADDRESS) New Hampton MO

20. FILED Sept 5 1939 Harrison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30 1939, to Aug 9 1939
 Last saw her alive on Aug 9 1939. Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:

Typhoid Fever

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____ (Signed) Harrison, M. D.

(Address) New Hampton

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. 111
District File Number 939-1138
Date Filed SEP 7 1939

RECEIVED
DISTRICT HEALTH OFFICER
NO. 111

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.