

1939 SEP 1 1939

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

30004
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph / Registration District No. 735
 (b) Township 1 / Primary Registration District No. 3034 Registered No. 153
 (c) City Moberly / (d) Street No. McCormick Hospital 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

245 Hoagland, William A.
 (a) Residence, No. 220 Bedford 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Carpenter
 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) N.J. /

FATHER 13. NAME William Hoagland /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.J. /

MOTHER 15. MAIDEN NAME Elizabeth Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.J.

17. INFORMANT (ADDRESS) Mrs. P. D. Schilling
Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Aug 23rd 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan Hudson
Moberly, Mo

20. FILED Aug 23, 1939 Leah Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1939, to Aug. 21, 1939
 I last saw him alive on Aug. 21, 1939 Death is said to have occurred on the date stated above, at 9:55 p.m.
 The principal cause of death and related causes of importance were as follows:

myocarditis
13 d
 Date of onset months

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? Physical 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) W. L. McCormick, M. D.
 (Address) Moberly, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

MARGIN RESERVED FOR BINDING

V. S. FORM 501-9-19-38 1 X 16603

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 2/15/39

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.....

Frank L. Hutt

Licensed Embalmer No.....

3021

P. O. Address.....

Moberly 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.