

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

ED FEB 26 1940

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution --
(Specify whether)
 In this community --
 years, months or days 250

3. (a) PRINT FULL NAME Marybelle Hoke

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased 12-31-1939
(Month) (Day) (Year)

8. AGE: Years -- Months -- Days 1 If less than one day -- hr. -- min.

9. Birthplace Pleasant Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fi

11. Industry or business Fi

12. Name Ben M. Hoke

13. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Victoria M. Hoke

15. Birthplace Dearborn, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ben M. Hoke

(b) Address Pleasant Hill, Mo.

17. (a) Removal (b) Date thereof 1-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit, Mo.

18. (a) Signature of funeral director W. J. Nofziger

(b) Address Pleasant Hill, Mo.

19. (a) Jan. 1, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
 (c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
 year 1940 hour 1 pm minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
Jan 1, 1940, to Jan 1, 1940
 that I last saw her alive on Jan 1, 1940
 and that death occurred on the day and hour stated above.

Immediate cause of death Prematurity

Due to _____
 Due to 159

Other conditions ---
(Includes pregnancy within 3 months of death)

Major findings: Of operations Prematurity
 Of autopsy social embolus to hypostatic pneumonia

PHYSICIAN

Underline the cause to which death is attributed.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. While at work? --- (Specify type of place) (c) Means of injury _____
 24. Signature W. J. Nofziger (M. D. number) _____
 Address 131601 1/2 St Date signed Jan 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X1951

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.....

D. P. Mosinger....., Registered Apprentice No.....
working under my personal supervision.

Signed *D. P. Mosinger*.....

Licensed Embalmer No. *3438*.....

P. O. Address *Pleasant Hill, 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.