

FILED FEB 15 1940

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

4124
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6167
(c) City or Nevada (d) Street No. State 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 0 yrs. 0 mos. 12 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 15

2. PRINT FULL NAME

(a) Residence, No. 1500 Home House St.
Buffalo Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) OK 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME George Hoad

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

15. MAIDEN NAME OK

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

17. INFORMANT Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buffalo, Mo DATE Jan 24, 1940

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) Nevada, Mo

20. FILED Jan 23, 1940 Allen E. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-194022. I HEREBY CERTIFY, That I attended deceased from 1-12-1940, 1940, to 1-22-1940, 1940I last saw him alive on 1-21-1940, 1940. Death is saidto have occurred on the date stated above, at 8 a.m.

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

Main ExhaustionDate of onset ?

Other contributory causes of importance:

Sen. Arteriosclerosis ?
Penility

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) J. A. Hopkins, M. D.(Address) Nevada

RECEIVED
District Health Officer No. 7,
District File Number 2-40-284
Date Filed 2-14-40

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 Personal
....., Registered Apprentice No.
working under my personal supervision.

Signed L B Ferry
Licensed Embalmer No. 1760
P. O. Address Yonkers, N.Y.

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.