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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 21223

Registrar's No. 625

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

1. PLACE OF DEATH:

(a) County Buchanan, 3

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: In Ambulance (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 12 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 2102 Felix Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Iola Thelma Hoover, 160

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-09-3250

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel E. Hoover Jr.

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased September 18, 1908 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
31	8	16	hr. min.

9. Birthplace Buchanan County, Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation Clerk,

11. Industry or business J.C.Penney Store,

FATHER
12. Name James R. Coyl,
13. Birthplace Buchanan County, Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mabel F. Wiley,
15. Birthplace Livingston County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Samuel E. Hoover Jr

(b) Address 2102 Felix Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton-Bettle Bowman Funeral Home

(b) Address 319 So.10th.Street,

19. (a) June 5 1940 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th. year 1940 hour 5:00 minute 15p M.

21. I hereby certify that I ~~attended~~ viewed the deceased from June 3rd. 1940 to , 19 ; that I last saw h --- alive on -- , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when theauto in which she was riding was struck by another automobile

Due to

Due to

Other conditions None, (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 3, 1940,

(c) Where did injury occur? Buchanan Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place, ON HIGHWAY #71 N. of St. Joseph (Specify type of place)

85 While at work? No. (e) Means of injury Auto

23. Signature B. W. Tadlock Coroner (M. D. or other) 5

Address King Hill Bld'g. Date signed 6-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.