

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

28707
Do not use this space.

REC'D SEP 16 1940

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township State Purchase Primary Registration District No. 7009
 or Independence (d) Street No. Rt # 4 - Independence Mo St.
 (c) City Independence (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

(a) Residence, No. Route # 4 - Independence, Mo (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 0 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. truck driver
 9. Industry or business in which work was done, as saw mill, bank, etc. Shidmore Oil Co.
 10. Date deceased last worked at this occupation (month and year) Aug 9, 1940
 11. Total time (years) spent in this occupation 7 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Missouri

FATHER
 13. NAME Charles F. Hovis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Missouri

MOTHER
 15. MAIDEN NAME Myrtle Hargiss

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

17. INFORMANT (ADDRESS) Mrs. Myrtle Hovis Route # 4, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Royal Hills Cem. 9/1/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Carson Independence, Mo.

20. FILED Aug. 31, 1940 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1940, to Aug. 29, 1940
 I last saw h. alive on 2:15 P.M. Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Bilateral labor pneumonia Aug 12

Other contributory causes of importance: 10

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) M. D.
 (Address) Independence 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.

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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 Raymond M. Martin
Licensed Embalmer No. 4150
P. O. Address Independence, 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.