

No. 2  
-13-40  
-17-39  
I X23159

Registration District No. 3

~~3~~ 70 1940

Primary Registration District No. 4 189

Registrar's No. 82

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

1. PLACE OF DEATH: Gentry  
 (a) County Gentry  
 (b) City or town Mc Fall Miller-Town  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20  
 In this community 18 yrs  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Gentry  
 (c) City or town Mc Fall Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Abbott Francis Hoyt  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 31  
 year 1940 hour 10 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from Jan 10  
1938 to Oct 31, 1940  
 that I last saw him alive on Oct 15, 1940  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Rebecca Hoyt  
 6. (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased Jan 19 1855  
 (Month) (Day) (Year)

Immediate cause of death  
Coronary Artery & Cerebral Vascular  
 Due to Hypertension  
 Due to Flu  
 Other conditions (Include pregnancy within 3 months of death) no in

8. AGE: Years 85 Months 9 Days 12  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ill.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farming  
 11. Industry or business Farming

MOTHER FATHER  
 12. Name Jonathan Hoyt  
 13. Birthplace not known  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Lamison  
 15. Birthplace not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Hoyt  
 (b) Address Mc Fall, Mo  
 17. (a) Burial (b) Date thereof Nov. 2, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mattheis

18. (a) Signature of funeral director Edstrom  
 (b) Address Tattersburg Mo.  
 19. (a) Nov. 4, 1940 (b) Nora Mothes  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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?  
8 00 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J N Berger (M. D. or other) 1  
 Address Albany Mo Date signed Nov 2 1940

**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.....

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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, fact should be so stated above.**