

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

36672

State File No. _____

Registration District No. 199

Primary Registration District No. 6205

Registrar's No. 17

1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town _____
 (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 x _____ (Specify whether _____)
 In this community life _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster
 (c) City or town Elkland - rural
 (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.? x _____ years.

3. (a) PRINT FULL NAME James Elbert Hoover
 3. (b) If veteran, name war x 3. (c) Social Security No. x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 3
 year 1940 hour 1:30 minutes _____ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 7. Birth date of deceased February 16 - 1938
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3 1940
 _____, 19 _____, and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 7 Days 17 If less than one day _____
 x hr. x min.

that I last saw him alive on Oct 1 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Due to accidental Drowning
falling into the Branch

9. Birthplace Webster Co., Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Child

Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
MOTHER { 12. Name Hiram Hoover
 13. Birthplace Webster Co., Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Ruth Jones
 15. Birthplace Webster Co., Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Hiram Hoover
 (b) Address Elkland, Mo.
17. (a) Burial (b) Date thereof Oct. 5-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant View

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?
891 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Jim Finney
 (b) Address Marshfield, Mo.
19. (a) Oct 5 40 (b) Edw Bailey
 (Date received local registrar) (Registrar's signature)

23. Signature Edw Bailey (M. D. or other) _____
 Address Elkland Date signed Oct 4 1940

RECEIVED

District Health Officer No. 6,

District File Number 1040-277-3

Date Filed OCT 25 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 [Signature]

Licensed Embalmer No. 312

P. O. Address Marshfield, 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.