

1941 FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2903

Registration District No. 397

Primary Registration District No. 4-2-3-45555A Registrar's No. 2

1. PLACE OF DEATH:  
(a) County Jackson (Prave)  
(b) City or town Harrisonville (Rural)  
(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 75 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo.  
(b) County Cass 19  
(c) City or town Harrisonville (Rural)  
(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. 1 years.

3. (a) PRINT FULL NAME GEORGE P. HOEY  
8. (b) If veteran,  name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 29 year 1941 hour 2:15 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henrietta Williams Hoey 6. (c) Age of husband or wife if alive years 10  
7. Birth date of deceased Feb 10 1854 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-25 1941 to 1-29 1941 that I last saw him alive on 1-29 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 11 Days 18 If less than one day hr. min.

Immediate cause of death Broncho pneumonia 4 da  
Cause of death  
Due to  
Due to

9. Birthplace New York City N.Y. (City, town, or county) (State or foreign country)  
10. Usual occupation farmer - retired

Other conditions Chronic Hypertension ?  
Major findings:  
Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name Michael Hoey  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Sabina Klaus  
15. Birthplace Unknown Penn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Hoey  
(b) Address Harrisonville Mo  
(c) Place: burial or cremation rural  
17. (a) (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Harrisonville Mo  
18. (a) Signature of funeral director Hunniburgers  
(b) Address Harrisonville Mo  
19. (a) Jan 29-41 (b) Dallis E. Hayes (c) (Date received local registrar) (Signature) (Registrar's signature)

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?  
350 (Specify type of place)  
While at work? (e) Means of injury  
23. Signature (M. D. or other) Date signed 1/29/41

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

**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 Ernest Resnerburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**