

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.

MADE MAR 14 1944

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

6545
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 125
 (b) Township " " Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. " " St.
 (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 Hugh B Hoover
 (a) Residence, No. 1220 N. Blvd. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6th 1878

7. AGE YEARS 62 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cement Plant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ky.

FATHER
 13. NAME Thomas Hoover
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ky.

MOTHER
 15. MAIDEN NAME Adeline McGain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ky.

17. INFORMANT Mrs H B Hoover
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
Memorial Park DATE 2-17-41
Cape Girardeau Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brinkopf Howell
Cape Girardeau Mo

20. FILED 2-14-41 Jan Thompson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 41, 1941

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1941 to 2/16, 1941
 I last saw deceased alive on 2/15, 1941. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis + Pericarditis
 Date of onset 9/30

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Heart Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

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

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.....

P. O. Address.....

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.