

FILED MAY 16 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13639  
State File No. 1620  
Registrar's No.

Registration District No. 399 Primary Registration District No. 1067

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 1816 Linwood Boulevard  
(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. 57 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1816 Linwood Boulevard  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. X 0 years.

3. (a) PRINT FULL NAME Mrs. Mary C. Hoover  
3. (b) If veteran, name war no. 3. (c) Social Security No. X

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph W. Hoover  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased April 8 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 0 15 hr. min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER  
12. Name Henry Ruthsauff  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Lydia Everhard  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred B. Hoover  
(b) Address 4550 Walnut, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Apr 24 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1941 hour 11:00 minute A. M.  
21. I hereby certify that I attended the deceased from 4 30, 1941, to 4 27, 1941;  
that I last saw h. alive on, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease  
Due to 9:40  
Due to 9:40

Other conditions Branches pneumonia  
(Include pregnancy within 3 months of death)

Major findings: 942  
Of operations 942  
Of autopsy 942  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

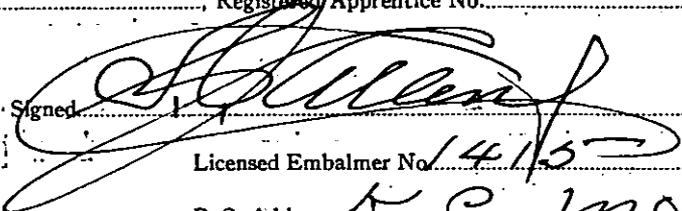
Dr. Farnsworth, Dr. C. C. Conover.  
P. H. H. 1 P. M.

**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. 14157

P. O. Address N. C. 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.