

Registration District No. **311**

Primary Registration District No. **1002**

Registrar's No. **2761**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 West 53rd Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **40 years,** (Specify whether 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. **10 West 53rd Street,**
(If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23rd,**
year **1941** hour **12:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **July 12, 1940**
to **July 21, 1941**
that I last saw him alive on **July 21, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death:
1 - Bronchopneumonia - Terminal
2 - Pelvic gangrene, L. foot
Due to **3 - Generalized arteriosclerosis**
4 - Arteriosclerotic nephritis
Due to **5 - Dehydratic myocarditis**
6 - Old coronary occlusion
Other conditions:
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy **no.**

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
23. Signature **W. H. Smith** (M. D. or other)
Address **Prof. Bldg.** Date signed **July 23, 1941**

3. (a) PRINT FULL NAME **Alvin Boyd Hoover,**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**

6. (b) Name of husband or wife **Emogene Boardman Hoover,** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **January 30 1873**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **24**
If less than one day hr. min.

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

10. Usual occupation **Executive,**

11. Industry or business **School Supplies,**

12. Name **John Hoover,**

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

14. Maiden name **Sarah Boyd,**

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

16. (a) Informant **J. B. Hoover,**

(b) Address **10 West 53rd St., K. C., Mo.**

17. (a) **Burial,** (b) Date thereof **7-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Abbey,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **July 23, 41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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 E. M. Plank

Licensed Embalmer No: 1848

P. O. Address Tr. 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.

*Dr. Joseph Hektor,
Pres. Bldg.
Kc 6087
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