

FILED AUG 15 1941
Registration District No. 102

Primary Registration District No. 5750

State File No. _____

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Anyvasson, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Xaction Trust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 25 yr. / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Anyvasson, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fannie Elizabeth Hoover

3. (b) If veteran, name war X 3. (c) Social Security No. 1

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. L. Hoover 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb. 15 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name William Caldwell

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wilkerson

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Hoover

(b) Address Anyvasson

17. (a) Burial (b) Date thereof June 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Hughes Murphy

(b) Address Anyvasson, Mo.

19. (a) June 28 (b) J. B. Nichols
(Date received local registrar) (Registrar's signature)

105 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 1 minute 45 AM.

21. I hereby certify that I attended the deceased from June 23
1941, to June 26, 1941;
that I last saw her alive on June 26, PM, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 wks.
Sept. Hemiplegy
Terminal Pneumonia

Due to _____

Due to _____

Other conditions grip
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. H. Donnan (M. D. or other) MD

Address Anyvasson, Mo. Date signed 6-28-41

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

460

X

[Handwritten scribbles and illegible text]

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 *Hughes Marple*

Licensed Embalmer No. *2338*

P. O. Address *Aux Vasse, W*

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.