No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35899

Registration District No. 744 Primary Registration District No. 5976 B Registrar's No. 91

1. PLACE OF DEATH:

(a) County ~~Clyde Hoover~~ Ray

(b) City or town Rural Richmond R.F.D. No. 1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Richmond rural (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Clyde ~~Early~~ Hoover

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-0118

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife FANNIE BOWMAN

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 2 (Month) - 3 (Day) - 1882 (Year)

8. AGE: Years 59 Months 8 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Ray Co. Mo (City, town, or county) U Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John Hoover

13. Birthplace Rockingham Co (City, town, or county) Va (State or foreign country)

14. Maiden name Mary Vantrump

15. Birthplace Rockingham Co (City, town, or county) Va (State or foreign country)

16. (a) Informant Mrs Clyde Hoover

(b) Address Hardin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) - 11 (Day) - 41 (Year)

(c) Place: burial or cremation Wakenda Cem

18. (a) Signature of funeral director John W Kingschild

(b) Address Hardin Mo

19. (a) Oct 13-41 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1941 hour 3 minute 10 p. M.

21. I hereby certify that I attended the deceased from called, 19__, to as coroner, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy Coronary occlusion Arteriosclerosis	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. M. Griffith (M. D. or other) M.D.

Address Richmond Mo Date signed 10/8/41

765 (Licensed Embalmer's Statement on Reverse Side) Coroner Ray Co. Mo.

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 11-13-41

DEC 24 1941

FEB 6 1942

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 Farrest F Runpe

Licensed Embalmer No. 3275

P. O. Address Lexington, N

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

If this body is not embalmed, fact should be so stated above.