

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

20M-9-19-33  
I X16603

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.

4715  
FILED MAY 13 1942

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

14446  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 347  
 (b) Township..... Primary Registration District No. 3018 Registered No. 105  
 (c) City Clinton or..... (d) Street No. 1  
 (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 19 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John V. Van Hooger  
 (a) Residence, No. 415 S Clinton St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Van Hooger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 7

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Way Co Mo

FATHER  
 13. NAME Isaac Van Hooger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Tenn

MOTHER  
 15. MAIDEN NAME Sarah Bailey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Tenn

17. INFORMANT (ADDRESS) Mrs. Mattie Van Hooger Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek over 4-27-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton Mo

20. FILED April 27, 1942 Georgia Kitchen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1942

22. I HEREBY CERTIFY, That I attended deceased from March 1942 April 26, 1942  
 I last saw him alive on April 25, 1942 Death is said to have occurred on the date stated above, at 5:30 AM.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis with Hypertension Date of onset Unknown

Other contributory causes of importance:  
Taken dorsalis Unknown

Name of operation None Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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 None  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) S. B. Hughes, M. D.  
 (Address) Clinton, Mo

RECEIVED  
District Health Officer No. 7,  
District File Number 5-42-449  
Date Filed 5-6-42

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**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

*Frederick Wilkerson*

Licensed Embalmer No.

7478

P. O. Address

Chester Md

**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.**