S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

05
8

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19222

State File No.

Registration District No. 849 Primary Registration District No. 6123 Registrar's No.

1. PLACE OF DEATH:

(a) County SULLIVAN

(b) City or town RURAL - BUCHANNAN Township
(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
In this community 19 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SULLIVAN 105

(c) City or town RURAL #1 GREENCITY 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SUSAN KATHERINE HOOVER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife FORREST HOOVER

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased NOVEMBER (Month) 21 (Day) 1905 (Year)

8. AGE: Years 36 Months 6 Days 7 If less than one day hr. min.

9. Birthplace PUTNAM Co (City, town, or county) O MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

FATHER
12. Name JOHN SHIESEL
13. Birthplace Putnam Co (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name AMANDY CHILDERS
15. Birthplace Putnam Co (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Forrest Hoover
(b) Address Green City, Mo R.F.D

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 31 (Day) 1942 (Year)
(c) Place: burial or cremation CHRISTIAN HOME CEMETERY

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo By J. Plemstock

19. (a) June 6th 42 (Date received local registrar) (b) Vinnie Davidson (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28 day 1942
year hour 8 .P.M. minute M.

21. I hereby certify that I attended the deceased from May 28 1942, 19 to May 28 1942, 19
that I last saw her alive on May 28 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Double Pneumonia following Measles

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature W. Herrington M.D. (Mo. or other)

Address GREEN CITY, MO. Date signed 5-31-42

1213

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number
Date

RECEIVED
District Health Officer No. 16
District File Number 6-42-1242
Date Filed JUN 15 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 James W Pomstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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.