

FILED JUL 13 1942

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

20564  
Do not use this space.

1. PLACE OF DEATH  
(a) County Barry 5 Registration District No. 30 5  
(b) Township 9 Primary Registration District No. 3003 2  
(c) City Monett (d) Street No. 1 St.  
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Lincoln Hoover  
(a) Residence, No. West Wishart St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Curry Hoover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 2 17

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

FATHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell County, Ky.  
13. NAME J. M. Hoover  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER  
15. MAIDEN NAME Martha Clark  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. J. L. Hoover,  
(ADDRESS) Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE I. O. O. F. Cemetery DATE 6-29-42

19. FUNERAL DIRECTOR Callaway  
(ADDRESS) Monett, Mo.

20. FILED 6-29 1942 Mrs. Geo. Hamann  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1942 to June 27, 1942  
I last saw him alive on June 27, 1942 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Hypertension  
Atherosclerosis  
Date of onset 6-20-42

Other contributory causes of importance:  
Hypertension  
Atherosclerosis

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 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  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) Ed. J. Harpaul, M. D.  
(Address) Monett, Missouri

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

MARGIN RESERVED FOR BINDING

V. S. NO. Z.  
50M-7-20-37  
I X12004

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.

RECEIVED

District Health Officer No. 6,

District File Number 742-942

Date Filed JUL 11 1942

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan

Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

J. D. Buchanan

Licensed Embalmer No. 3179

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.)