

24989

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 11 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 248

80
6
4

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1710 South Ohio /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 17120 South Ohio
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Susie Hoover

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Will Hoover

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November 6, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 2
If less than one day hr. min.

9. Birthplace unknown, Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Ferguson Malcolm

13. Birthplace unknown, Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Roush

15. Birthplace unknown, Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant O.E. Hoover, (son)

(b) Address Green Ridge, Missouri

17. (a) Burial (b) Date thereof July 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Lucas Gung

(b) Address Sedalia, Missouri

19. (a) July 9, 1942 Mrs. Anna Berger
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 8
year 1942 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from July 3 1942 to July 8 1942
that I last saw h. er alive on July 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease
Coronary occlusion ?

Due to.....

Due to.....

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

Major findings:
Of operations..... 94a

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.....

1942: 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)

Means of injury.....

23. Signature Chas. D. Brown (M. D. or other) MD

Address Sedalia mo Date signed 7/9/42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-10-42

Dr. C. ...

EMT
TIN

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 *Duane Ewing*

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.