

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1675

State File No. _____

Registrar's No. 125

FILED FEB 5 1943
Registration District No. _____

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
703 No 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 703 No 10th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Thomas Arnell VanHoozer
FULL NAME

3. (b) If veteran, No name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty Van Hoozer
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 21 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired C.G.W. RR Co.

11. Industry or business _____

MOTHER FATHER { 12. Name William P. VanHoozer
13. Birthplace Knoxville Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Parker
15. Birthplace Knoxville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Earl Davis
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetary

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhoun St.

19. (a) 1-25-43 (b) Roe Hergoy
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1943 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 4, 1943 to January 22, 1943
that I last saw him alive on January 22, 1943, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis, acute coronary Duration 6 hrs.

Due to Arteriosclerosis, general.

Due to _____

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

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN 94a
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or D.O.)
Address Phys. & Surgs. Bldg. Date signed 1/23

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

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

working under my personal supervision.

Registered Apprentice No.

Signed

Robert H. Yaph

Licensed Embalmer No.

3308

P. O. Address

St Joseph, 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.