No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3852

FILED FEB 8 1943

Registration District No. 377 Primary Registration District No. 6293 Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Competion Rural Elk Creek (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At home of daughter 3 miles West of competition (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Aprox. 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Mo. (b) County Wright

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

(d) Street No. 3 miles West of Competion (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jahue Hank Hoke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Malinda Humphrey

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

7. Birth date of deceased Sept. 19, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	3	5	hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Christopher Hoke
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Humphrey
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Bastic

(b) Address Competition Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 28 42 (Month) (Day) (Year)

(c) Place: burial or cremation McBride Cem

18. (a) Signature of funeral director Gene E. Hilden

(b) Address Hartville Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 24 year 1942 hour 4:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 12th 1942 to Dec 6 1942 that I last saw him alive on Dec 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations J. V. Hough

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

23. Signature (M. D. or other)

Address Date signed

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 243-152
Date Filed FEB 6 1943

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3852

Registration District No. 377 Primary Registration District No. 6283 Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Wright

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

3. (a) PRINT FULL NAME: Jahue Hank Hake

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept (Month) 19 (Day) 1861 (Year)

8. AGE: Years 81 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) W.V. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Mar 5-43 (Date received local registrar) (b) Foster Hutsell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 24 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY