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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 34920

State File No.

FILED OCT 22 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independance Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL") 7

(d) Street No. 315 E. Sea
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mervin E. Hoag

3. (b) If veteran, name war none

3. (c) Social Security No. 486-26-7458

4. Sex Male

5. Color or race wht.

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

6. (b) Name of husband or wife Bessie Hoag

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 3, ~~1943~~ 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	11	8	hr. min.

9. Birthplace Orchard (City, town, or county) Nebr. 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Robert James Hoag
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Martha E. Kester
15. Birthplace Orchard (City, town, or county) Nebr. 1 (State or foreign country)

16. (a) Informant Bessie Hoag
(b) Address 315 E. Sea Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri.

19. (a) 9-13-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 16th, 1942, to Sept. 11, 1943; that I last saw him alive on Sept. 11, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	10 d.
Due to Mitral Stenosis	Years
Due to Rheumatic Fever	Years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations x
Of autopsy x

59b

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 X
(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 Chas. F. Trotske (M. D. ~~or other~~)
Address Independence, Mo. Date signed 9/13/43

1113

(Licensed Embalmer's Statement on Reverse Side)

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 Roland R Speaks

Licensed Embalmer No. 3604

P. O. Address Indep, 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.