DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3742

FILED FEB 14 1944

Registration District No. 2044 — Primary Registration District No. 5835 — Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Jennie Hoobler

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W 1

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Fred Hoobler

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

7. Birth date of deceased August 20, 1858 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	21	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Charles Strite
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Funderberg
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. A. Rodarme

(b) Address 521 Patterson, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Jan 13-1944 (Date received local registrar) (b) Mrs. U.S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from ..... 1938, to Jany 10 1944 that I last saw her alive on Jany 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 7 yrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93d

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)

(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 [signature] (M. D. ~~or other~~)

Address Joplin Mo Date signed 1-11-44

1313

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-11-44

District Health Officer No. .....

District File Number ~~2-44~~ 14417

Date Filed 2-11-44

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.