S. No. 2
M—2-43
v. 5-17-39
P I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6123

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 763

1. PLACE OF DEATH:

(a) County Jackson,

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

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

(d) Length of stay: In hospital or institution ½ day (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson, 2

(c) City or town Kansas City, 6 (If outside city or town limits, write "RURAL")

(d) Street No. 56th & Topping, R. #2, (If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME S. Elmer Hoover,

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 495-20-4215

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February (Month) 14 (Day) 1898 (Year)

8. AGE: Years 46 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Lake City Ordinance Plant,

FATHER
12. Name George W. Hoover,
13. Birthplace Illinois, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence F. Williams
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vivian Hoover,

(b) Address 56th & Topping, R. #2, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1944 hour minute P. M.

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

Immediate cause of death Pneumococcal Menengitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 8/a

Major findings:
Of operations

Of autopsy See Above

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 0

23. Signature A. E. Asher (M. D. or other) M.D.

Address 23 McCoy Date signed 2/14/44

(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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.