

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18305

State File No. ....

FILED JUN 5 1944

Registration District No. 1346

Primary Registration District No. 2081-5-81

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Wagoner  
(b) City or town Okmulgee  
(c) Name of hospital or institution Just across Mo-Kan State line  
(d) Length of stay: In hospital or institution 2 yrs.  
In this community 2 yrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DANIEL BRADY HOAMS

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

4. Sex Male 5. Color or race W 6. (a) Single; widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 22 - 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation Farm

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charley Corn

(b) Address Okmulgee, Ok.

17. (a) Removed Burial (b) Date thereof 5-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okmulgee, Mo.

18. (a) Signature of funeral director Boice Undertaking Co.

(b) Address Okmulgee, Mo.

19. (a) 5-10-44 (b) Gertie Sudhacker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Neosho (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. West of Town  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 9th, year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from May 9, 1944 to May 9, 1944  
that I last saw him alive on dead on arrival  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration -

Due to Heart

Due to 83a

Other conditions (Include pregnancy within 3 months of death) 83a

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? -

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

23. Signature A. J. Crawford (M. D. or other)

Address 631 Frisco Building Date signed 5/10/44

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

44-5397

JUN 21 1998

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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Rex N. Shearnick  
Kansas

Licensed Embalmer No.

1998

P. O. Address

Salina, Ks.

**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.**