

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1944

Registration District No. 28

Primary Registration District No. 4165

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin
(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 1
(Specify whether years, months or days)

In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin
(If outside city or town limits, write "RURAL") 1

(d) Street No. None
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Elizabeth Hannah Hoover

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Scott Francis Hoover

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

7. Birth date of deceased August 6 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>10</u>	<u>27</u>	hr. min.

9. Birthplace Ross County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Own Home

MOTHER, FATHER {

12. Name (Unknown) Jennings

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 Mrs. Nettie Frost

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 7-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 7-8-1944 (b) L. P. Doolin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 28, 1944 to July 3, 1944
that I last saw her alive on July 1st, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sensibility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162R

Major findings:
Of operations _____

Of autopsy _____

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 L. P. Doolin (M. D. or other) 0

Address Gallatin Date signed 7-8-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

31
0

1284

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 *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Halladay Ave*

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.