

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 1508 St. Joseph ave.
(d) Length of stay: In hospital or institution
In this community 72 yrs 1

3. (a) PRINT FULL NAME Annah Hoover
(b) If veteran, name war
(c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. Sept 5 1872

8. AGE: Years 72 Months 4 Days 22
If less than one day hr. min.

9. Birthplace Andrew Co Mo D

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Joseph Roberts
13. Birthplace nodaway Co Mo D
14. Maiden name Mary Morris
15. Birthplace nodaway Co Mo U

16. (a) Informant Henry Owen Hoover
(b) Address 1508 St. Joseph ave St. Joseph

17. (a) Burial (b) Date thereof 1-29-45
(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. C. Pritch
(b) Address Savannah Mo

19. (a) 1-29-45 (b) Helen J. Pottle
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Mo
(d) Street No. 1508 St. Joseph ave.
(e) Citizen of foreign country? no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Alex 10 - 7 P. M. Jan 27 1945
that I last saw her alive on Jan 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy
Due to age, arterio-sclerosis
Duration 1 day

Other conditions Hypertension
(Include pregnancy within 3 months of death)

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?
(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 Leroy Beckwith (M. D. or other)
Address King Hill Mo Date signed 1/29/45

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

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 E. E. Breit

Licensed Embalmer No. 2658

P. O. Address Savannah 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.