S. No. 2
M—2-43
. 5-17-39
a-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33856

State File No.

FILED OCT 17 1945

Registration District No. 89 Primary Registration District No. 3023 Registrar's No. 149

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 901 N. 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Benton
(c) City or town Warsaw Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Addie May VanHoozer
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Wm P. VanHoozer
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased AUG. (Month) 16 (Day) 1871 (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Work
11. Industry or business

MOTHER FATHER
12. Name Frank Stonger
13. Birthplace Benton Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Nancy M. Parker
15. Birthplace Benton Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Lottie Vanhoozer
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyside - Cem.
18. (a) Signature of funeral director H.L. Garrard
(b) Address Clinton Mo.
19. (a) Sept 25-45 (Date received local registrar) (b) R R Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1945 hour 6:30 minute A M.
21. I hereby certify that I attended the deceased from Sept 22-45, 19, to Sept 23 1945, that I last saw her alive on Sept 23 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	48 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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 C. P. Peelor M.D. (M. D. or other)
Address Clinton Mo Date signed 9-25-45

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1945

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 N. L. Vanscant

Licensed Embalmer No. 9779

P. O. Address Eldorado

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.