. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34769

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 133

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 875 W. Vest 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

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

(d) Street No. 875 West Vest 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mina Adell Hoyes

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George F. Hoyes

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

7. Birth date of deceased January (Month) 23 (Day) 1866 (Year)

8. AGE: Years 79 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Saline Co. (City, town, or county) Mol (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mathew Clancey
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Unknown andley
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Edith Handley
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge P. Cemetery

18. (a) Signature of funeral director J. Leslie Sursley
(b) Address Marshall, Mo.

19. (a) 9-5-45 (Date received local registrar) (b) Mrs T. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 3, 1945
year hour minute M.

21. I hereby certify that I attended the deceased from 1929, 19, to Sept 3, 1945
that I last saw her alive on Sept 3, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Senility	
Due to	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 John R Lawrence (M. D. or other)
Address Marshall, Mo. Date signed Sept 5-45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 8,
Health File Number.....
Date Filed 10-18-45

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 J. Leslie Sussney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.