S. No. 2
M—6-43
v. 5-17-39
I X36671

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

15884

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17003

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 709 Byers /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Byers 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur H. Hoog
3. (b) If veteran, name war WW1
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W.
6. (a) Single, widowed, married, divorced married 0
6. (b) Name of husband or wife Lillie Hoog
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 27, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	3	11	hr. min.

9. Birthplace Washburn (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Railroad Man
11. Industry or business
FATHER 12. Name John Parker Hoog
13. Birthplace (City, town, or county) Tenn / (State or foreign country)
MOTHER 14. Maiden name Mary Irwin
15. Birthplace Washburn, (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Widow Lillie Hoog
(b) Address 709 Byers Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Henge-Lewis
(b) Address Webb City, Mo.
19. (a) 5-14-46 (Date received local registrar) (b) Billie Pearson, DR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1946 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Did not attend.
Immediate cause of death Phenol Poisoning
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
Coroners Investigation

Duration

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) Suicide
(b) Date of occurrence May 8 - 1946
(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 709 Byers (Specify type of place)
While at work? No (e) Means of injury Phenol
23. Signature Neil Perkett (M.D. or other) MD
Address 21 / 4 Joplin Date signed 5/10/46

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(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1946

JUN 18 1946

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.....

Licensed Embalmer No. 28058

P. O. Address Webb City 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.