

S. No. 2
OM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19526

FILED JUL 9 1946

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 720

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
6014 Pryor Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 6014 Pryor Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JANICE ELAINE 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 Single

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

7. Birth date of deceased: December 20, 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>1</u>	hr. _____ min.

9. Birthplace: Fort. Worth, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business None

12. Name Lawrence R. Hoover

13. Birthplace Shadock, Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Opal McLee

15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Hoover (Mother)

(b) Address 6014 Pryor Ave., City

17. (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City, Auburn Cemetery

18. (a) Signature of funeral director John C. Smith

(b) Address 6054 Pryor Ave., City

19. (a) June 25, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 20, 1946 to June 20, 1946
that I last saw him alive on June 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma Duration 3 da

Due to Recurrent Asthma and Eczema 18 mos

Due to.....

Other conditions: (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? (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) _____
Means of injury D

23. Signature W. Roger Moore MD
Address Signe Mo Date signed 6/21/46

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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, ~~one~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*.....

P. O. Address *St Joseph, 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.