

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution 1705 W. B. St. 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 60 years
years, months or days

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") 5

(d) Street No. 1705 W. B. St. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Henry Hogue

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1946 hour 3 minutes 30 a. M.

21. I hereby certify that I attended the deceased from April 9-1
1942 to July 15 1946

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Frances Helen Hogue, died 6-13-46 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 13 1863
(Month) (Day) (Year)

Immediate cause of death Cardiovascular Pericardial disease 5 yrs

Due to _____

Due to _____

8. AGE: Years 82 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace South Bend Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Miner Operator

12. Name John Hogue

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

14. Maiden name Mary Rupe

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arlene Fowler

(b) Address 1705 W. B. St

17. (a) Burial (b) Date thereof July 18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harview Cem

18. (a) Signature of funeral director Harold Dillon

(b) Address Joplin MO

19. (a) 7-17-46 (b) E. J. Ferris
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 13/0

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) (c) Means of injury 0

23. Signature Jay C. Merritt (M. D. or other) MD

Address 401 W. Main Bldg Date signed 7-16-46

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

9
2
5
M. Merritt

46-7-661

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..... *Cecil A. Hornhill*
Licensed Embalmer No..... *3590*
P. O. Address..... *Joplin 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.