V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr Allen

State File No. 29505

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 168

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

7
2
0

28341

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Rich Hill Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 106 W Elm St 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clarence Lee Hoover

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Anne Maud Hoover

6. (c) Age of husband or wife if alive 72 or years

7. Birth date of deceased Dec (Month) 15 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	24	hr. min.

9. Birthplace Hardin County Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant - Retired

11. Industry or business Store keeper

FATHER
12. Name William Hoover 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pamelia E. Dewitt
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lita Hoover Shultz
(b) Address 223 W. Park - N.H.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booth's
(b) Address Rich Hill Mo

19. (a) Sept. 9 1946 (Date received local registrar) (b) Mrs. Edna Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 8 5
year 7 hour A.M. minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 8 1946 to Sept 8 1946
that I last saw him alive on Sept 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83A

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 [signature] (M. D. ~~or other~~)

Address Rich Hill Mo Date signed 9/9/46

(Licensed Embalmer's Statement on Reverse Side)

21

No. 7,
9-46-949
10-2-46

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.