No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 1440

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep. Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community 22 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Inter-City District Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 626 South Ash.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Edward Hoban
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary A. Hoban
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June (Month) 28, (Day) 1877 (Year)

8. AGE: Years 69 Months 6 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Fireman
11. Industry or business Indep. Health Dept.
MOTHER FATHER
12. Name Richard Hoban
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Kathryn Ford
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mary A. Hoban
(b) Address 626 S. Ash K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys Cem.
18. (a) Signature of funeral director Vivian L. Hopley
(b) Address Independence, Missouri
19. (a) 1-30-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to Jan 25 , 1947
that I last saw him alive on Jan 25 , 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency - Fatty degeneration	3 months
Due to: Arterial Hypertension	1 year
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Fairmount Station Date signed 1-26-47

354 (Licensed Embalmer's Statement on Reverse Side) KC Mo.

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 R F Griffith, Registered Apprentice No. 451, working under my personal supervision.

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Lucky, 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.