S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9623

State File No.

FILED APR 1 1947

Registration District No. 5

Primary Registration District No. 3028

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 706 Poplar St. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herbert David HOGE

3. (b) If veteran, name war No

3. (c) Social Security No. 486-32-8882

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 22, (Day) 1871 (Year)

8. AGE: Years 75 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Pinckneyville, (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Public Accountant

11. Industry or business

FATHER
12. Name David Hoge
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Herbert C. Hoge 1
(b) Address Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 12 (Day) 47 (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 3-11-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th.
year 1947 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb 26 1947, to Mar 9 1947
that I last saw him alive on Mar 9 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic unclassified.	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

93 D

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 0

23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed Mar 11 '47

139 (Licensed Embalmer's Statement on Reverse Side)

47-3-245

SEP 3 1942

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.