No. 2
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5-17-39
I X47070

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

10128

State File No.

FILED APR 24 1947

Registration District No. 24 Primary Registration District No. 3047 Registrar's No. 29

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE MEMORIAL HOSP. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. NEOSHO TWP. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TIMMIE HOOVER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY (Month) 27 (Day) 1947 (Year)

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

9. Birthplace NEWTON CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation INFANT
11. Industry or business

FATHER
12. Name EDGAR WALTER HOOVER 0
13. Birthplace PROSPERITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name CLEIA FERN PARKS 0
15. Birthplace JOPLIN (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Ed Hoover
(b) Address R#5 Neosho Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho I.O.O.F. Cem.
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) Mar. 24, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1947 hour 6:30 minute a. M.
21. I hereby certify that I attended the deceased from 13 MARCH 1947 to 15 MARCH 1947; that I last saw him alive on 15 MARCH 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CONGENITAL HEART DISEASE	18 DAYS
Due to	
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) 0
While at work? (e) Means of injury

23. Signature L. L. Daylor (M. D. or other) MD
Address NEOSHO MO Date signed 24 MARCH 47

223 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 447-65

Date Filed 4-2-47

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.