FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21615

Registration District No. 287 — Primary Registration District No. 3043 — Registrar's No. 243

1. PLACE OF DEATH:
(a) County: MARION
(b) City or town: HANNIBAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days Hospt (Specify whether)
In this community: 2 Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: MONROE CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 523 S. Davis St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CHARLES WILLIAM HOAR
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARY STAYTON HOAR
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: SEPTEMBER (Month) 26 (Day) 1861 (Year)

8. AGE: Years 85 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace: GALVA (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: Farmer (Retired) 20 Yrs
11. Industry or business:
FATHER 12. Name: HENRY HOAR
13. Birthplace: LONDON (City, town, or county) ENGLAND (State or foreign country)
MOTHER 14. Maiden name: JANE DIXON
15. Birthplace: LONDON (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant: Virgie Hoar
(b) Address: Monroe City, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Holy Rosary Monroe City
18. (a) Signature of funeral director: Wilson & Son's
(b) Address: Monroe City; Mo
19. (a) 6-23-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20th year 1947 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 15th, 1947 to June 20, 1947 that I last saw him alive on June 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Heart Disease	9
Due to:	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: H. J. Bruce (M. D. ~~or other~~)
Address: 100 N 6th St. Date signed: 6/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.