

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1947

Registration District No. **155**

Primary Registration District No. **5579**

Registrar's No. **110**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

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

(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Alba**
(If outside city or town limits, write "RURAL")

(d) Street No. **None**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT ALLEN HOOG**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **9**
year **1947** hour **5:** minute **00** P.M.

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Ella Johnson Hoog**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **February 9, 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 20, 1947** to **July 9, 1947**
and that death occurred on the date and hour stated above: **July 8, 1947**

Duration **10 yrs.**

8. AGE:

Years	Months	Days	If less than one day
75	5	0	hr. min.

Immediate cause of death **MYOCARDIAL FAILURE**

9. Birthplace **Nashville, Tenn.**
(City, town, or county) (State or foreign country)

Due to **CHRONIC MYOCARDITIS**

10. Usual occupation **Retired Farmer**

Due to.....

11. Industry or business.....

Other conditions (Include pregnancy within 3 months of death).....

12. Name **John Hoog**

Major findings: Of operations.....

13. Birthplace **X Tenn.**
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name **Mary Erwin**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amos H. Hoog**

(b) Address **Alba, Missouri**

17. (a) **burial** (b) Date thereof **7-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washburn Prairie Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Missouri**

19. (a) **JULY 11, 1947** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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?.....

While at work?.....
(Specify type of place) (e) Means of injury.....

Signature **[Signature]** Date signed **7-10-47**

Address **ALBA, MISSOURI**

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

47-7-586

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 E. L. Selmer

Licensed Embalmer No. 7272

P. O. Address Carthage

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.