S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

Registration District No. 186

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. .....

Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1807 Grand /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 Grand 5
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John Hoover
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 divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 20 (Day) 1870 (Year)

8. AGE: Years 77 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation unknown
11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 7

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

16. (a) Informant Mrs Collier
(b) Address 513 Ky. Joplin MO
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St. Joplin Mo
19. (a) 7-24-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 123

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day July
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1947, to ....., 19....; that I last saw him alive on July 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33 P	
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 2

23. Signature C. C. Coats (M. D. or other)
Address Joplin Mo Date signed 7-21-47

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

47-8-6 72

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 F. M. Jones

Licensed Embalmer No. 5319

P. O. Address Joplin 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.