

FILED OCT 8 1947
Registration District No. 3447

Primary Registration District No. 6162

Registrar's No. 27

4

00

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

1. PLACE OF DEATH

(a) County Stone

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

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

(d) Length of stay: In hospital or institution about 17 yrs (Specify whether years, months or days)

In this community about 17 yrs

3. (a) PRINT FULL NAME Leara Baker Hoags

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex F / 5. Color or race wh

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

6. (b) Name of husband or wife Carl Hoags

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Mar 14 1909
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Stone Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

12. Name Baker

13. Birthplace Stone Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hembell

15. Birthplace Stone Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Bush

(b) Address Reeds Springs

17. (a) Burial (b) Date thereof Sept 5 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malena Mo

18. (a) Signature of funeral director Everett J Cheatham

(b) Address Malena Mo

19. (a) 9-13-1947 (b) Myrtle Goforth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone

(c) City or town Reeds Springs
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1947 hour 5 minute 30.0 M

21. I hereby certify that I attended the deceased from Sept 4 1947 to Sept 4 1947 that I last saw him at death on Sept 4 1947 and that death occurred on the date and hour stated above. Duration

Immediate cause of death apoplexy

Due to.....

Due to.....

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

Major findings: 63A

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..... (Specify type of work) (Means of injury)

Signature Everett J Cheatham coroner

Address Malena Mo Date signed Sept 4 47

RECEIVED

District Health Officer No. 61

District File Number 947-998

Date Filed SEP 30 1947

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.