No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40934

FILED JAN 12 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1562

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wells Nursing Home 701 S.17th Street. 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether

In this community 3½ years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town Rushville 6 (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 Roy Leon Hoagland

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Emma Hoagland

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

7. Birth date of deceased December 27 (Month) 1886 (Day) (Year)

8. AGE: Years 61 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Freemont (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Retired Credit Manager

11. Industry or business Carder Wholesale Grocery Co.

FATHER
12. Name Frank Hoagland
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

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

16. (a) Informant Robert C. Hoagland

(b) Address Rushville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 1-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 342

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1947 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from 5-13-1946, 19..., to 12-30-47, 19...; that I last saw him alive on 12-20-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage Cerebral	3½ yrs
Due to: Hypertension Arterial Hypertensive Heart Disease	6 yrs
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 9 3
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 0

23. Signature H C Senne (M. D. or other)

Address 207 P&S. St. Joseph, Mo. Date signed 12-30-47

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

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 Raymond W. Morehead

Licensed Embalmer No. 4417

P. O. Address St. Joseph, 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.