No. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4363

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton 21

(c) City or town Keytesville (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME WORTIE A. HOEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry Hoel

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

7. Birth date of deceased Sept. 13 - 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Albert Arrington
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Franklin
15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Zoe Wiley

(b) Address Keytesville - Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville-Mo

18. (a) Signature of funeral director Stegner

(b) Address Boonville

19. (a) 2-16-48 (Date received local registrar) (b) D. Hooper (Registrar's signature) 29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-18-48, 19..., to 2-15-48, 19...; that I last saw her alive on 2-14-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	5 days.
Due to: Senility, Generalized arteriosclerosis	? years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 107
Of autopsy none -

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) 0

While at work? (e) Means of injury

23. Signature Bm Stuart (M. D. or other) MP

Address 329 Main St, Boonville Missouri Date signed 2/16/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-48

MAR 1 / 1948

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 Fred W. Harris Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, M

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.