S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5465

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 55

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days HSPT. (Specify whether
In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Monroe City, Mo R1 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Sylvester Hoar.
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 Married
6. (b) Name of husband or wife Henretta.
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July (Month) 22 (Day) 1901 (Year)

8. AGE: Years 46 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Franklin Hoar
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jessie Van Marter
15. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Henretta Hoar
(b) Address Monroe City, Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary Monroe City
18. (a) Signature of funeral director Wilson & Son's
(b) Address Monroe City Mo.
19. (a) 2-17-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1948, to Feb 12, 1948; that I last saw him alive on Feb 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & pulmonary embolism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystitis & cholelithiasis

Of autopsy

Duration

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

23. Signature [signature] (M. D. ~~or other~~)
Address 104 Bldg Hannibal Mo Date signed 2/14/48

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 me

Registered Apprentice No.

working under my personal supervision.

Signed: Leslie L. Wilson

Licensed Embalmer No. 3017

P. O. Address Mount Ayr, Iowa

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.