S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 2 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15312

Primary Registration District No. 3000

Registrar's No. 161

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~: 17 days (Specify whether years, months or days)
In this community: 17 days

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

3. (a) PRINT FULL NAME: Roy Hoops
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband~~ or wife: Ora Hoops
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Sept. (Month) 16 (Day) 1877 (Year)

8. AGE: Years 70 Months 8 Days 5 If less than one day ... hr. ... min.

9. Birthplace: Davis (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Joe Hoops
13. Birthplace: Fairfield, (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Becky Doobs
15. Birthplace: Fairfield, (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Ora Hoops
(b) Address: Lancaster Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Darby
18. (a) Signature of funeral director: P. S. Eaton
(b) Address: Lancaster Mo
19. (a) 5-25-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 4:00 minute P.M.
21. I hereby certify that I attended the deceased from May 4, 1948, to May 21, 1948, that I last saw him alive on May 21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	2 days
Due to: Peritonitis	2½ wks.
Due to: Ruptured appendix	2½ wks.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 17
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:

23. Signature: George E. Grim (M. D. or other) MD
Address: Kirksville, Mo. Date signed 5/24/48

98
0
0
1

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-921
Date Filed JUN 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 ....., Registered Apprentice No....., working under my personal supervision.

Signed P J Enlow

Licensed Embalmer No. 3705

P. O. Address Lancaster 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.