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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1948

Registration District No. 142

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4231

Dr. Barnham

State File No. 19342

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Howell

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Howell

(c) City or town: Mountain View
(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 ____

3. (a) PRINT FULL NAME: Jake Hoobery

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Mollie Hoobery

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: April (Month) 7 (Day) 1866 (Year)

8. AGE: Years 82 | Months 2 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farming

11. Industry or business ____

FATHER
12. Name: Jacob Hoobery
13. Birthplace: ____ (City, town, or county) Kent (State or foreign country)

MOTHER
14. Maiden name: Katheryn Saltsman
15. Birthplace: ____ (City, town, or county) Kent. (State or foreign country)

16. (a) Informant: Turner Hoobery
(b) Address: Mountain View, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Arroll Cemetery

18. (a) Signature of funeral director: Duncan Funeral Home
(b) Address: Mountain View, Mo.

19. (a) 6-20-48 (Date received local registrar) (b) Laura Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from June, 1947, to June 15, 1948, that I last saw him alive on June 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause to 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: Stanley Barnum (M. D. or other) DO

Address: Mountain View Date signed 6-25-48

(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 Joe B. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View, 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.