

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1948

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEOSHO TWP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEOSHO TWP.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAROLD RAY HOOVER

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

7. Birth date of deceased MAY 29 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 21 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name EDGAR WALTER HOOVER

13. Birthplace PROSPERITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name FERN PARKS

15. Birthplace JOPLIN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Hoover

(b) Address Neosho R#3

17. (a) BURIAL (b) Date thereof 12-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho I.O.O.F.

18. (a) Signature of funeral director Orley Thompson

(b) Address Neosho, Mo

19. (a) Nov. 23, 1948 (b) Titelwin P. Borgman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20
year 1948 hour 12:55 minute P.M.

21. I hereby certify that I attended the deceased from December 10th, 1948 to Dec 20, 1948
that I last saw him alive on December 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 10 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Melinda S. Callough (M. D. or other) D.O.

Address S.W. BK. Bldg Neosho, Mo Date signed 12/23/48

RECEIVED
Newton Co Health Dept
District Health Officer No. 1248-442
District File Number 12-29-48
Date filed

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.....

Kenneth Patterson, Registered Apprentice No. 270,
working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address. Neosho 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.