

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22612**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>818</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>40 years.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2420 S. 16th Street</b>				d. STREET ADDRESS (If rural, give location) <b>2420 S. 16th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Archie</b>		b. (Middle) <b>Eugene</b>		c. (Last) <b>Hoard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 19 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Married</b> (Specify)		8. DATE OF BIRTH <b>September 9, 1881</b>	
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Car Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.B. &amp; Q RR</b>		11. BIRTHPLACE (State or foreign country) <b>Whitley County, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Hoard</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Cregar</b>		14. NAME OF HUSBAND OR WIFE <b>Nannie Hoard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nannie Hoard</b> ADDRESS <b>2420 S. 16th St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>St. Joseph, Mo.</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Ventricular failure.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Heart disease.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>  <b>Several months</b>  <b>4-20</b>  <b>2+ years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>11:45<sup>PM</sup>, 1949, to 12:05<sup>AM</sup>, 1949</b> , that I last saw the deceased alive on <b>7, 19, 1949</b> , and that death occurred at <b>12:05A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Lucia W. J. in d. ( )</b> (Degree of title)				23b. ADDRESS <b>902 Edward, St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7-22-49.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 21, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairport Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fairport, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>July 27, 1949</b>		REGISTRAR'S SIGNATURE <b>E. C. Jenkins</b> <b>382</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stalter Meierhoffer</b> ADDRESS <b>1946 Colhoun St. St. Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WHILE PLAIND.—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

RECEIVED  
AUG 4 1931

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\*\*\*\*\*

\*\* \*\*\*\* \* \*\*\*\* \*\*\*\* \*\* Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

\*\*\*\*\*  
Student .....  
Student Embalmer

Signed *Robert E. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.