No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1954

State File No. 42962

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6030

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 35 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 WEST 39TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3688
d. STREET ADDRESS (If rural, give location): 105 WEST 39TH STREET

3. NAME OF DECEASED (Type or Print): a. (First) JEWELL b. (Middle) c. (Last) HOOVER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 23 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: SEPT. 8. ~~1876~~ 1897
9. AGE (In years last birthday): ~~57~~ 56
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): CO. OWNER
10b. KIND OF BUSINESS OR INDUSTRY: HUGO BRECHLIN SON DRUG CO.
11. BIRTHPLACE (City and State or Foreign Country): MANSFIELD, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: DAVID WILLIAM HOOVER
13b. MOTHER'S MAIDEN NAME: MARY VICTORIA JENKINS
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 487-07-5575
17. INFORMANT'S SIGNATURE OR NAME: MRS. C. W. ADAMS
ADDRESS: 5720 OAK STREET KANSAS CITY MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis — 1 yr
DUE TO (c) — 592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 48, *to* Dec 23, 19 53, *that I last saw the deceased alive on* Dec 23, 19 53, *and that death occurred at* 12:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ernest W. Slusher (Degree or title) MD
23b. ADDRESS: 900 Rialto Bldg KC Mo
23c. DATE SIGNED: 12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC. 26 1953
24c. NAME OF CEMETERY OR CREMATORY: ——
24d. LOCATION (City, town, or county) (State): MANSFIELD MISSOURI

DATE REC'D BY LOCAL REG.: 12-25-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1954

JAN 27 1954

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 Charles W. Brannan

Licensed Embalmer No. 4939

P. O. Address R. C. 10. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 42962

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 11th. day of January, 1954 before me appears Mrs. C. W. Adams, who, upon her oath, states that the original record of ~~birth~~ death for Miss Jewell Hoover ~~born~~ died December 23, 1953, in the State of Missouri, and which was filed at Kansas City on December 24-53, should be corrected as follows:

Item No. 8 should read September 8, 1897
Instead of September 8, 1896

Item No. 6 should read 56 yrs.
Instead of 57 yrs.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Estelle Adams Sister
Relationship.

5720 Oak St. Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 11th day of January, 1954.

My Commission Expires April 27, 1957

My Commission expires ..... W. M. Lynn Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-3-42
X32339