

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5365

Do not use this space.

564

1002

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____ Registered No. _____
 (c) City Janssaw City (d) Street No. 3321 Olive St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3321 Olive St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman C. Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1852
 7. AGE YEARS 86 MONTHS 8 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1939 to Feb. 8, 1939.
 I last saw him alive on Feb. 3, 1939. Death is said to have occurred on the date stated above, at 230 P. M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as saw mill, bank, etc. at Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Senility - sudden heart failure at death from Congestion
 Other contributory causes of importance: N. M. O. 167
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Dayton (STATE OR COUNTRY) Ohio

FATHER 13. NAME J. J. A. Hoover
 14. BIRTHPLACE (CITY OR TOWN) Hamburg (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY) _____

17. INFORMANT Miss Lillian Smith (ADDRESS) 3321 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb. 11, 1939

19. FUNERAL DIRECTOR (NAME) W. H. Newcomer Sons (ADDRESS) Brushcreek & Paseo

20. FILED 2-10-1939 M. M. Crow, reg. Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) J. P. Primes, M. D.
 (Address) 248 Play Bank Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kansas City

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, above space should be left blank.