

FILED MAR 11 1943

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULLNAME MERLIN HOOVER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 1 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 9 26 hr. min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Minor

12. Name Andrew Jackson Hoover

13. Birthplace Brown County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mae Hoover Newton

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Hoover

(b) Address Williamsburg, Mo.

17. (a) Burial (b) Date thereof 2/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yucatan Cemetery

18. (a) Signature of funeral director J. H. Walcott

(b) Address Fulton, Missouri.

19. (a) Feb 28-1943 (b) Joan M. Hoover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural Nine Mile Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #1 Williamsburg
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 27 1943
day _____ hour 6 am minute _____ M.

21. I hereby certify that I attended the deceased from February 26, 1943, Feby. 27, 1943
that I last saw him alive on Feby. 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to Exposure & nephritis 5 day

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? _____

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

23. Signature R. H. Hall (M. D. or other) _____
Address Fulton, Mo. Date signed 2/27/43

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

MOTHER FATHER

1142

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.....

Edward E. White

Licensed Embalmer No.

4168

P. O. Address.....

Fulton, 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
STANDARD CERTIFICATE OF DEATH

State File No. 5950

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
Callaway Co. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 hrs
(Specify whether years, months or days)

In this community, years, months or days

3. (a) PRINT FULL NAME Merlin Hoover

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 1 1909
(Month) (Day) (Year)

8. AGE: Years 10 Months 10 Days 2
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Callaway Co. Hosp (b) Date thereof May 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Callaway Co. Hosp (b) Merlin Hoover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 10 minute 17

21. I hereby certify that I attended the deceased from July 7 1943 to July 7 1943
that I last saw him alive on July 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Exposure to reptiles

Due to acute nephritis
cause unknown

Due to

Other conditions 109!
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Physician Dr. Hoover
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? Callaway Co. Hosp (City or town) Callaway (County) Mo (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Callaway Co. Hosp (Specify type of place) (c) Means of injury

23. Signature A. H. Hill (M. D. or other)

Address Fulton Mo Date signed 3/7/43

SUPPLEMENTARY

