

No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13728

State File No. ....

Registration District No. 42

Primary Registration District No. 3838

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Rural, Washington, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R.F.D. # 4, St. Joseph, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community 20 years,  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

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

(d) Street No. R.F.D. # 4, St. Joseph, Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Earl Dean Hoyt,

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. Married

6. (b) Name of husband or wife June A. Hoyt,

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb'y 20, 1943/1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>1</u>	<u>13</u>	hr. .... min.

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

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Charles Hoyt,

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

14. Maiden name Harriet Lean;

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

16. (a) Informant Mrs. Earl D. Hoyt

(b) Address R.F.D. # 4, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo. Cem.

18. (a) Signature of funeral director Newton Moore

(b) Address St. Joseph, Mo. - Home

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd.  
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to April 2, 1943  
that I last saw him live on March 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency  
Chronic Duration years

Due to.....

Due to..... 928

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations.....

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)

(e) Means of injury.....

23. Signature E. M. Melaney (M. D. or other) M.D.  
Address 401 Ballinger Bldg. Date signed April 5-43

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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**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 April 2/

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Harold Bowman  
.....  
Licensed Embalmer No. 3619

P. O. Address. St. Joseph, 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.**