S. No. 2
I—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

204

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2196

FILED FEB 12 1946

Registration District No. ____ Primary Registration District No. 1000 Registrar's No. 43

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: MO. METHO. HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community 25 Years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County De Kalb 32

(c) City or town Osborne mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME FRANKLIN VAN HOOZER.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samanda Ellen Van Hooser 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 2 (Day) 1869 (Year)

8. AGE: Years 76 Months 6 Days 7 If less than one day ____ hr. ____ min.

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

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name Jacob Van Hooser.
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Emaline Childers
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lloyd Van Hooser
(b) Address Osborne mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne mo

18. (a) Signature of funeral director John Brown
(b) Address Maysville mo

19. (a) Jan. 11, 1946 (Date received local registrar) (b) H J Westlebush (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 9th
year 1946 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1946 to Jan 9, 1946
that I last saw him alive on Jan 8, 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Heart disease arterio sclerotic c̄ breast failure | 3 days |
| Due to Arterio Sclerosis & Senility | |
| Due to | |
| Other conditions Broncho Pneumonia (Include pregnancy within 3 months of death) | 10 days |

Major findings:
Of operations none
Of autopsy 10

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) none
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. J Crompton (M. D. ~~other~~)
Address 825 Charles St. St. Joseph Mo Date signed 1/9/46

(Licensed Embalmer's Statement on Reverse Side)

## 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 John G Brom

Licensed Embalmer No. 3933

P. O. Address Maysville 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.**