

FILED DEC 4 1942

State File No. _____

Registration District No. 57

Primary Registration District No. 4086

Registrar's No. 39

17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town TINA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Tins Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Excel Harvey Hoover

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 7th 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business Shoe Store

12. Name Harvey Hoover

13. Birthplace don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Cornelia Auphin 9

15. Birthplace don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Reva Hoover

(b) Address Tina Missouri

17. (a) Burial (b) Date thereof 11/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Branch Tina Mo

18. (a) Signature of funeral director Clifford W Austin

(b) Address Tina Missouri

19. (a) Nov. 19 - 42 (b) Mrs Edger Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 14 1942 to Nov 17 1942
that I last saw him alive on Nov 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration 30 min

Due to Lung Abscess - right 2 1/2 mos
Emphysema - right 6 wks

Due to Ruptured gastric ulcer 3 mos

Other conditions (Include pregnancy within 3 months of death) 1176

Major findings: Ruptured gastric ulcer Emphysema
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 Dr. Edward L. Smith (M. D. or other) D.O.
Address 11 So. Main, Carrollton, Mo. Date signed 11/18/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-42

NOV 16 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 _____

Clifford W Austin

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.