

S. No. 2
M-5-43
5-17-39
P I X35675

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Davis 43939

FILED JAN 8 1948

State File No.

Registration District No. 336

Primary Registration District No. 4493

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days)

In this community 47 years

3. (a) PRINT FULL NAME Dora Lee Hoover

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Alpheus Hoover

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

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years about 82 Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charley McKinley

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

14. Maiden name Unknown

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

16. (a) Informant Bearl Gleason

(b) Address Birch Tree, Mo

17. (a) Burial (b) Date thereof 11-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Birch Tree, Mo.

18. (a) Signature of funeral director Duncan Funeral home

(b) Address Mountain View, Mo.

19. (a) 12-1-47 (b) Walter Roche
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon / 0 /

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 1
1947 to Nov 24, 1947
that I last saw her alive on Nov 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of Stomach

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause of death which 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. J. Davis (M. D. or other) _____
Address Birch Tree Mo Date signed 12/10-47

RECEIVED

District Officer No. 5,
1-4-81-6
1-7-48

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 Joe R. Duncan
Licensed Embalmer No. 4325
P.O. Address W. View, 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.