

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26404

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 620
(b) Township Polk Primary Registration District No. 5827 Registered No. 96
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

160 Mary Evaline Hooper
(a) Residence, No. Nodaway Co. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm A. Hooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1860

7. AGE YEARS 78 MONTHS 11 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ohio

FATHER 13. NAME James W. Herron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Ellen Schatter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Frank Hooper
Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE July 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home
Maryville, Mo

20. FILED 7-19-39 Manuel E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935, to July 20, 1939, 19____
I last saw h. W alive on July 20, 1935 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix.

Date of onset

Other contributory causes of importance: 48

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. H. Ryan, M. D.
Maryville, Mo. (Address) 555

RECEIVED

District Health Officer No. 117

District File Number

839-1076

Date Filed

AUG 14 1939

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

Clem M Price

Registered Apprentice No.

1822

working under my personal supervision.

Signed

Clem M Price

Licensed Embalmer No.

1822

P. O. Address

Manville, W.

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.