

REC'D SEP 21 1939

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

30456

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon ³ Registration District No. 815
 (b) Township Washington Primary Registration District No. 616
 or Neenada
 (c) City Hale (d) Street No. Hale (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo
 (e) Length of residence in city or town where death occurred 2 yrs. 6 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 198**2. PRINT FULL NAME**

(a) Residence, No. 300 George W Hood St. Crownington Mo. Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hood
 (OR) WIFE OF Deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - '55
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
 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) DK. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.13. NAME Geo. Hood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.15. MAIDEN NAME DK.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.17. INFORMANT Hosp. Records (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Crownington Mo DATE 8/8 1939 319. FUNERAL DIRECTOR (NAME) (ADDRESS) Crownington Mo20. FILED 8/8 1939 Allen Hays Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8 193922. I HEREBY CERTIFY, That I attended deceased from 1-1 1939, to 8-8 1939I last saw him alive on Aug 7 1939. Death is said to have occurred on the date stated above, at 7 a m.

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

Hypertensive Heart Disease & Myocardial degeneration
 Date of onset DK

Other contributory causes of importance: Senility 92C

Name of operation..... 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. Hopkins, M. D.795 (Address) Nebraska Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-9-1952

Date Filed 9-5-39

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 Marsh Lechinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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, above space should be left blank.