

10-39  
-39  
21492

Registration District No. 661

Primary Registration District No. 4388

State File No. \_\_\_\_\_

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Pemissot

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

(c) Name of hospital or institution: 304 E 4th St.  
(If not in hospital or institution, write street number or location)

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

In this community more than 20 years  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Doyle Hooper 160

8. (b) If veteran, name war World War

8. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased January 27, 1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 25  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Dyer County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Restaurant Business

12. Name Benjamin F. Hooper

13. Birthplace Lauderdale County Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Berry

15. Birthplace Layward County Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Hooper

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 2/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director L. F. Ford, Und. Co.

(b) Address Caruthersville, Mo.

19. (a) Feb. 26, 1940 (b) Eda Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemissot

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

(d) Street No. 304 E. 4th St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd  
year 1940 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from January 75 1940 to Feb 22 1940  
that I last saw him alive on Feb 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary tuberculosis

Due to Pulmonary tuberculosis 10 yrs  
Duration

Due to \_\_\_\_\_

Other conditions 12  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed Feb 26/40

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

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**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

*J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address. Cynthiana, Ky.

**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.**