

Registration District No. 452

Primary Registration District No. 5577

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jefferson *Constant Lee*

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

(c) Name of hospital or institution:  
Route No. 1, Hillsboro  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours  
(Specify whether years, months or days) 200

3. (a) PRINT FULL NAME: Pegie Dorine Hood.

3. (b) If veteran, name war //////// 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced //////

6. (b) Name of husband or wife //////// 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 6 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>6 hr. 630 min.</u>

9. Birthplace Jefferson Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation ////////

11. Industry or business //////

12. Name George Hood.

13. Birthplace Grubville, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle DeConia.

15. Birthplace Morse Mills, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant George Hood

(b) Address Hillsboro, Mo. 0

17. (a) burial (b) Date thereof Feb. 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morse Mills Mo.

18. (a) Signature of funeral director Lee Mothershead.

(b) Address DeSoto, Mo.

19. (a) 3-11-40 (b) Meredith Perry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. Route No. 1, Hillsboro,  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6  
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 6 1940 to Feb. 6 1940  
that I last saw her alive on Feb. 6 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: hemorrhagic disease

Due to: Congenital syphilis

Due to: 34

Other conditions (include pregnancy within 3 months of death)

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

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? 907  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul V. McQuinn M. D. or other \_\_\_\_\_  
Address DeSoto, Mo. Date signed 2/7/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**