

No. 2  
-11-10-39  
5-17-39  
P1 X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14966

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

Registration District No. 328

Primary Registration District No. 3017

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

**1. PLACE OF DEATH:**

(a) County Grundy

(b) City or town TRENTON

(c) Name of hospital or institution:  
710 West Camden Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 72 yrs  
years, months or days)

3. (a) PRINT FULL NAME BASH NICHOLS HOOPER 160

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 married

6. (b) Name of husband or wife John Hooper

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

7. Birth date of deceased: July 16, 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Grundy County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

**MOTHER FATHER**

12. Name G. W. Nichols

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

14. Maiden name Louise Patton

15. Birthplace Jasper County Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant John Hooper

(b) Address R. F. D. #5, Trenton, Mo

17. (a) Burial (b) Date thereof March 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Cemetery Trenton, Mo

18. (a) Signature of funeral director Raymond Adams

(b) Address Trenton, Mo

19. (a) 3-4-40 (b) Gene D. Fair  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 3rd  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1st  
1937 to March 3rd 1940;  
that I last saw her alive on March 2nd 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage

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

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

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

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

23. Signature Oliver F. Deppa (M. D. or other) M.D.

Address Trenton Date March 4th 1940

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

RECEIVED  
District Health Officer No. 11,  
District File Number 5-40-731  
Date Filed MAY 9 1940

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.....

*Robert B. Davis*

Registered Apprentice No. *212*

working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Trinidad Wis.*

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.