

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29953**

Registration District No. **875**

Primary Registration District No. **3039**

Registrar's No. **211**

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At home 815 Hunter Nevada Mo
 (If not in hospital or institution, write street number or locality)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all his life years, months or days)

3. (a) PRINT FULL NAME William Bert Hooper

3. (b) If veteran, name war _____ 3. (c) Social Security No. 49105-9411

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beatrice Betsch Hooper 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept 30 1890
 (Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Operator of Oil Truck

11. Industry or business Employer of Home Oil Co.

12. Name Jeff Hooper

13. Birthplace North Co. Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Marah Cashner

15. Birthplace Shelby Co. Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jeff Hooper

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 8-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen Hooper
 (b) Address Nevada Mo.

19. (a) 8-19-1940 (b) Allen Hooper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Nevada Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 815 E. Hunter Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
 year 1940 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 29 1940 to Aug 18 1940
 that I last saw him alive on Aug 18 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
 Due to Chr. adhesive pleurisy 1 yr
 Due to _____

Other conditions 110B
 (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?
715 (Specify type of place)
 While at work? _____ Means of injury _____

23. Signature Allen Hooper (M. D. or other) _____
 Address Nevada, Mo Date signed 8-20-40

Duration
 ?
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

507 (M)

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1263

Date Filed 9-5-40

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 Allen J. Hoyle

Licensed Embalmer No. 1968

P. O. Address Nevada, Miss

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.