

STANDARD CERTIFICATE OF DEATH

State File No. **32241**

REC'D OCT 18 1940

Registration District No. **458**

Primary Registration District No. **3020**

Registrar's No. **168**

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Garthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
602 Lincoln
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 58 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Garthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 602 Lincoln
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME DANIEL EDWARD HOOKER

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jane Hooker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 28 If less than one day hr. _____ min.

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

10. Usual occupation Stone Cutter

11. Industry or business _____

12. Name J. B. Hooker

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

14. Maiden name Sarah Medecore

15. Birthplace Paris Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Louis Hooker

(b) Address 602 Lincoln - Garthage

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

(c) Place: burial or cremation O. G. Kieberter

18. (a) Signature of funeral director Frederick M. ...

(b) Address Garthage, Missouri

19. (a) Sept. 6 1940 (b) E. J. McEntire, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
 year 1940 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from July 30 to Sept 3, 1940
 that I last saw him alive on Sept 3, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Charcumous of rectum
multiple metastasis
 Duration 1 yr.

Due to _____

Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy none

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? at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature George H. Wood (M. D. or other) MD
 Address Garthage Mo Date signed 7/6/40

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.