

Registration District No. 101-231-100

Primary Registration District No. 4033

Registrar's No. 13

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Gideon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 20 yrs years, months or days)

3. (a) PRINT FULL NAME Joe Hooker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 494-07-3951

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Charles Hooker

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased March 24, 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carbondale Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business 4033 398 212

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant's own signature Wayne Hooker

(b) Address Mitchell Ind.

17. (a) Burial (b) Date thereof Sept 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Walter Russell

(b) Address Ciggott Ark.

19. (a) Oct 10, 1940 (b) Wm. W. Thomas  
(Date received local registrar) (Registrar's signature)

(c) Retiree

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Gideon, Mo  
(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 Sept day 22  
year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from July 1st  
1940, 1940, to Sept. 22, 1940;  
that I last saw him alive on Sept 21, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute arsenical  
Poisoning.

Due to \_\_\_\_\_ Duration 16 3/4

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

Other conditions Taken Dorsalis  
(Include pregnancy within 3 months of death)

Major findings: cyelo-epileptic.

Of operations \_\_\_\_\_

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Sept 19, 1940

(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? 5-41

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter Russell (M. D. or other) M.D.

Address Gideon, Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 2

District File Number 1040-16

Body Filed 10/21/40

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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Lloyd Russell*

Licensed Embalmer No.....

*509*

P. O. Address

*Piggot Park*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.