

STANDARD CERTIFICATE OF DEATH

State File No. 39523

Registration District No. 70

Primary Registration District No. 4422

Registrar's No. 48

1. PLACE OF DEATH:

- (a) County Talk
- (b) City or town Balmain  
(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 life years, months or days 2 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Carrie E Hood

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

- 4. Sex Female
- 5. Color or race White
- 6. (a) Single, widowed, married, divorced Widowed

- 6. (b) Name of husband or wife J. H. Hood
- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 19 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 11 If less than one day \_\_\_\_\_ hy \_\_\_\_\_ min.

9. Birthplace Arkadelphia Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House work

MOTHER FATHER

- 12. Name William Harrison Knapp
- 13. Birthplace Talk County Missouri  
(City, town, or county) (State or foreign country)
- 14. Maiden name Margaret Elizabeth Hillman
- 15. Birthplace Talk County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Malcolm Ford Pemberton

(b) Address Balmain, Mo

17. (a) Burial (b) Date thereof Dec 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hager Wood Cemetery

18. (a) Signature of funeral director Walter E. Curwin

(b) Address Balmain, Mo

19. (a) 12/2/40 (b) J. E. Roberts  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Talk

- (c) City or town Balmain  
(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 Dec day 30  
year 1940 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from June 1939 to Nov 30 1940  
that I last saw him alive on Nov 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal syndrome

Duration June 1939

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

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

PHYSICIAN  
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? 630

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

23. Signature Doyle Miller (M. D. or other) \_\_\_\_\_  
Address Balmain Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1793

Date Filed 12-16-40

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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 Arthur B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baliuac 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.