

JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18733

Registration District No. 701

Primary Registration District No. 4422

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME

Jesse Hood

3. (b) If veteran. name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Zella Hood 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased January 24, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 10 hr. min.

9. Birthplace Bolivar Mo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Bolivar Labor

11. Industry or business Practical nurse

MOTHER FATHER
12. Name James Hood
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Dalton
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Zella Hood

(b) Address Bolivar Mo

17. (a) Burial (b) Date thereof May 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Hutcheson & Co
(b) Address Bolivar Missouri
19. (a) 5/5/41 (b) J. J. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 85
(c) City or town Bolivar
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 1941 to 1941
and that I last saw him alive on 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to 94 W
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? U30

23. Signature J. Earl Pitts (Specify type of place) Coroner
Address Bolivar Mo (e) Means of injury 3
Date signed _____

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

RECEIVED

District Health Officer No. 7,

Case File Number 6-41-1044

Date Filed 6-13-41

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..... *A. B. Hutchinson*.....
Licensed Embalmer No. 1331.....
P. O. Address.....

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, fact should be so stated above.