

No. 2
11-10-39
5-17-39
I X21492

FILLED JUN 13 1941

In Stanley Love

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19290

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, 1611 N. Washington St. ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 75 yrs.
years, months or days)

3. (a) PRINT FULL NAME Jefferson Davis Hooper

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 Sarah Lawrence Hooper 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct. 15 1863
(Month) (Day) (Year)

8. AGE: 77 Years Months 6 Days 19 If less than one day
77 hr. _____ min.

9. Birthplace Worth County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Hooper
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Hooper
(b) Address 1611 N. Washington St. Nevada, Mo.

17. (a) Burial (b) Date thereof 5/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Hayes Funeral Service
(b) Address Nevada, Mo.

19. (a) 5-6-41 (b) Allen V. Hayes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸
(c) City or town Nevada R.F.D. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 N. Washington
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 13 minute P. M.

21. I hereby certify that I attended the deceased from May 4, 1941 to May 4, 1941,
that I last saw him alive on May 4, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerosis -
Due to _____

Other conditions none, a f k
(Include pregnancy within 5 months of death)

Major findings: Of operations none
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
795

23. Signature W. Love (M. D. or other) MD
Address Nevada, Mo Date signed 5-4-41

Duration May 4, 1941

Don't know

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

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

RECEIVED

District Health Officer No. 7.

District File Number 6-44-954

Date Filed 6-10-41

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

Allen V. Hays

Licensed Embalmer No.

1968

P. O. Address

Nevada, 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.