

No. 2
4-13-40
5-17-39
P 231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28676

Registration District No. 449

Primary Registration District No. 4767

Registrar's No.

1. PLACE OF DEATH:

(a) County. LACLEDE
(b) City or town. LEBANON
(c) Name of hospital or institution: 229 GARFIELD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ALWAYS!
In this community. ALWAYS! (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM EARL HOOPER

3. (b) If veteran, name war. WW 3. (c) Social Security No. WW

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. DIVORCED

6. (b) Name of husband or wife VIOLET REED 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV 2 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 9 27 hr. min.

9. Birthplace LEBANON MO
(City, town, or county) (State or foreign country)

10. Usual occupation FACTORY WORKER

11. Industry or business

12. Name MANES HOOPER

13. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

14. Maiden name LULA MAY JOHNSON

15. Birthplace PIPER CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Ernest Hooper

(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLACK FOOT CEM

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Aug 30-41 (b) J. A. McCaleb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. LACLEDE
(c) City or town. LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 229 GARFIELD
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/26/41
to 8/26/41, 1941, to 8/26/41, 1941.
that I last saw h. l. m. alive on 8/26/41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T Bc. Duration 7 yrs.

Due to tubercular T Bc.

Due to 13P

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?

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

23. Signature J. A. McCaleb (M. D. MD)
Address Lebanon Date signed 8/29/41

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

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1633

Date Filed 9-10-41

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.....

Allyn Detroye....., Registered Apprentice No. 294
working under my personal supervision.

Signed R. O. Baber

Licensed Embalmer No. 1161

P. O. Address Stanton 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, fact should be so stated above.