

FILED JAN 21 1942
318

Registration District No. _____

Primary Registration District No. 2001

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

39
2
6

1. PLACE OF DEATH: **GREENE**

(a) County: GREENE

(b) City or town: Springfield City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bapt. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 115 Days
(Specify whether years, months or days)

In this community: 115 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence B. Hooker

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: P.H. Hooker

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: January 19 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>41</u>	<u>10</u>	<u>24</u>	hr. _____ min.

9. Birthplace: Dixon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: W.M. Prewett

13. Birthplace: Phelps County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Blank

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

16. (a) Informant: P.H. Hooker

(b) Address: Dixon, Missouri

17. (a) Burial (b) Date thereof: Dec. 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Dixon, Missouri

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 12-13-41 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pulaski

(c) City or town: Dixon
(If outside city or town limits, write "RURAL")

(d) Street No.: None
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1941 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from Oct 1941 to Dec 13 1941 and that death occurred on Dec 13 1941 at 13 o'clock PM and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Due to: Tumor of Brain non-malignant

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: Of operations: 562

Of autopsy: _____

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: Stallie Smith (M. D. _____)
Address: Springfield, Mo. Date signed: Dec 15 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 18 1942

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

L. Doolan Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield 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.