

FILED MAY 21 1942

Registration District No.

Primary Registration District No. 3019

Registrar's No.

101

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 4 weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Peculiar Mo
(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.

8. (a) PRINT FULL NAME

Carroll Hookaday

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William F. Hookaday
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec 7 25-1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 13 1942 to April 9 1942
that I last saw her alive on April 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Lethargica

Duration

6 weeks

8. AGE: Years 50 Months 3 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Estan
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maria Howard
15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Hookaday
(b) Address Peculiar Mo

17. (a) Burial (b) Date thereof 4-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) April 9-42 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations no operation

Of autopsy no 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 W. Allen (M. D. or other) M.D.
Address Independence, Mo Date signed 4-9-42

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

48
44
4

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 Frank E Remmenbarger

Licensed Embalmer No. 2691

P. O. Address Harrisonville 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.