

FILED JUL 17 1942

Registration District No. 734

Primary Registration District No. 6026

Registrar's No.

95
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Genevieve

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

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 35 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve

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

(d) Street No. R2 Farmington (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wm RAY Hood

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE (1) race White 5. Color or race

6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased None (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 1 6 — hr. — min.

9. Birthplace St. Genevieve Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Victor Hood

13. Birthplace Flax River Mo (City, town, or county) (State or foreign country)

14. Maiden name Laura Maxine Taylor

15. Birthplace Buda Ill (City, town, or county) (State or foreign country)

16. (a) Informant Victor Hood

(b) Address Rt 2 Farmington Mo

17. (a) Burial (b) Date thereof 7-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Headrick Fun Home

(b) Address Farmington Mo

19. (a) July 3-42 (b) Rev. Joseph A. Gassner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2 year 1942 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from July 2 1942 to July 2 1942 that I last saw him alive on July 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Due to Infectious Diarrhea

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 119a

Of autopsy _____

Duration

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 R. Applegate (M. D. or other)

Address Farmington Mo Date signed July 3 42

RECEIVED

District Health Officer No. 4
District File Number 742-825
Date Filed 7-2-42

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed John A. ...

Licensed Embalmer No. 2238

P. O. Address Farmington

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.