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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 431

49  
2  
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(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 20 years, months or days

8. (a) PRINT FULL NAME Monk Dolph Hood

3. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alice Hood

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct 18 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington County Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Hood

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Penyon

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

16. (a) Informant Mrs. Alice Hood

(b) Address Rt # 2 Joplin

17. (a) Burial (b) Date thereof Oct 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Cemetery

18. (a) Signature of funeral director Walt A. Stigler (R)

(b) Address Walt Stigler 2924

19. (a) 10-7-42 (b) Glenn D. Schaeffer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Rt # 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th  
year 1942 hour 12:10 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 10 1942 to Oct 7 1942  
that I last saw him alive on Oct 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 9 months of death) H68

Major findings: Of operations \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature J. H. Verbeur (M. D. or other) \_\_\_\_\_

Address Joplin Mo Date signed 10-7-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 myself  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. ~~4300~~ 4304  
P. O. Address Well City - 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.