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4-9-41  
5-17-39  
X29484

34111

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

NOV 10 1942  
70

Registration District No. ....

Primary Registration District No. 3033

Registrar's No. ....

53  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: 423 HARWOOD 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NEITHER  
(Specify whether years, months or days)

In this community 5 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LACLEDE 53

(c) City or town LEBANON 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 423 HARWOOD  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ROTHA CAROLINE HOODS

(b) If veteran, name war .....

(c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1942 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from Aug 42  
1942 to Oct 2 1942  
that I last saw her alive on June 15 1942  
and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W

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

6. (b) Name of husband or wife Thomas J Hood

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

7. Birth date of deceased MAR 2 1857  
(Month) (Day) (Year)

Immediate cause of death Oedocarcinoma Uterus 2 yrs

8. AGE: Years 85 Months 7 Days .....

If less than one day hr. .... min. ....

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) 48 L

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

10. Usual occupation HOUSE WIFE

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

11. Industry or business .....

MOTHER FATHER { 12. Name HENRY MASSBY

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

14. Maiden name AMANDA ROBINSON

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

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) .....

Means of injury Ⓢ

23. Signature James S. Hope (M. D. or other) .....

Date signed 10/3/42

16. (a) Informant P.C. Hough

(b) Address LEBANON MO.

17. (a) BURIAL (b) Date thereof 10 3 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOUGH CHAPPEL

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

(b) Address LEBANON MO.

19. (a) Oct 10-42 (b) Ernest Roper  
(Date received local registrar) (Registrar's signature)

RECEIVED

*Ladelle County Health Dept*

District Health Officer No. \_\_\_\_\_  
District File Number *11-42-161*  
Date Filed *11-5-42*

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Allyn Dethage*  
Licensed Embalmer No. *4933*  
P. O. Address *Lebanon 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.**