

S. No. 2  
M-4-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED JAN - 6 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5132

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Halls  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route # 1, Halls  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 years  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Buchanan //  
(a) State (b) County  
(c) City or town Halls, (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME Flora S. Hook  
(b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 12  
year 1942 hour 12:20 minute A M.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced, widowed  
8. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased: September 18, 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug  
1942, to 12-12-42  
that I last saw h. e. v. alive on 12/12 Aug 42 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>24</u>	hr. min.

Immediate cause of death:  
Chor. myo. carditis  
Due to Senility

9. Birthplace DeKalb, Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Housekeeper  
11. Industry or business Self

Due to \_\_\_\_\_  
Other conditions fract. leg  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
12. Name Thomas J. Crumpacker  
13. Birthplace Greenville, Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Susan Aveline Bratz  
15. Birthplace Ohio (City, town, or county) (State or foreign country)  
16. (a) Informant William G. Hook (Son)  
(b) Address Route #1, Halls, Missouri  
17. (a) Burial (b) Date thereof 12/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation DeKalb, Cemetery  
18. (a) Signature of funeral director John E. [Signature]  
6034 Pryor Ave., City  
(b) Address  
19. (a) 12/18/42 (b) Opal C. [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of 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) no  
(b) Date of occurrence 12/13/42  
(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 fall  
23. Signature [Signature] (M. D. or other)  
Address St. Joseph, Mo Date signed 12/17/42

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

1227

(Licensed Embalmer's Statement on Reverse Side)

22 Aug 42 40260

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40260  
Registrar's No. 5132

Registration District No. 41 Primary Registration District No. 3/32

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
T -  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 mos (Specify whether  
years, months or days) life

3. (a) PRINT FULL NAME Flora S. Hook

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Sept 18 - 1881  
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days - If less than one day - min.

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

10. Usual occupation

11. Industry or business Housekeeper

12. Name Thomas J. Crumpacker

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

14. Maiden name Susan E. Bratz

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town Burdick  
(If outside city or town limits, write "RURAL")  
(d) Street No. R #1  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 17 Year 1942 Hour 2 Minute 00 M.

21. I hereby certify that I attended the deceased from 1942 to 1942 that I first saw him live on and that death occurred on the date and hour stated above. (Immediate cause of death) myocarditis Duration

Due to senility

Due to

Other conditions fracture leg (include pregnancy within 3 months of death)

Major findings: Of operations 160

Of autopsy 18

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) accident

(b) Date of occurrence Aug 8 1942

(c) Where did injury occur? Halls Bldg 12mo  
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

In home (Specify type of place)

While at work? no (c) Means of injury slipped on step

23. Signature [Signature] (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

MOTHER FATHER

