

S. No. 2  
M-2-43  
5-17-39  
X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13724**  
Registrar's No. **495**

**MAY 13 1943**  
Registration District No. **12**

Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days**  
 In this community **Lifetime** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph Halls, Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **R.F.D. #1, Halls**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **7**

**3. (a) PRINT FULL NAME** **Ada Marie Hook**

**3. (b) If veteran, name war:** **None** **3. (c) Social Security No.:** **None**

**4. Sex:** **Female** **5. Color or race:** **White** **6. (a) Single, widowed, married, divorced:** **Single**

**6. (b) Name of husband or wife:** **None** **6. (c) Age of husband or wife if alive:** **3** years

**7. Birth date of deceased:** **November 3, 1939**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>3</b>	<b>5</b>	<b>27</b>	hr. min.

**9. Birthplace:** **DeKalb, Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **Child**

**11. Industry or business:** **None**

**12. Name:** **Thomas Hook**

**13. Birthplace:** **Terney, Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name:** **Margarite Osborne**

**15. Birthplace:** **Jasper Co., Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Mrs. Margarite Hook**  
**(b) Address:** **Route # 1, Halls, Missouri**

**17. (a) Burial:** **Burial** **(b) Date thereof:** **5/2/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** **Kerlin Cemetery**

**18. (a) Signature of funeral director:** **John E. Kuff**

**(b) Address:** **6054 Pryor Ave., City.**

**19. (a) 5-2-43** **(b) Rose Herzog**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **30**  
year **43** hour **1:30** minute **A.M.**

**21. I hereby certify that I attended the deceased from** **4-28-43**  
**19** to **4-30** **1943**  
that I last saw her alive on **4-30-43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Heart Dis. Congen. Usual.**

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

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

Other conditions: **malnutrition**  
(Include pregnancy within 3 months of death)

Major findings: **15/2**

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)** \_\_\_\_\_

**(a) Means of injury:** \_\_\_\_\_

**23. Signature:** **W. H. Petersen** **M. D.**

**Address:** **706 Francis** **Date signed:** **5-5-43**

Duration  
Physician  
Underline the cause to which death should be charged statistically.

123.5

(Licensed Embalmer's Statement on Reverse Side) **St. Joseph, Mo.**

**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 John E. Rupp  
Licensed Embalmer No. 3986  
P. O. Address St. Joseph, 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.**