

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41852

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 411

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau

(c) Name of hospital or institution: S.G. Missouri Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution: 3 days
(Specify whether in this community: 3 days years, months or days)

3. (a) PRINT FULL NAME: FRANCIS VIRGINIA HOOKER

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: Married

(b) Name of husband or wife: E.L. Hooker

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: Apr 4 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 22 hr. _____ min. _____

9. Birthplace: Alexander Co Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Craig Phillips

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

14. Maiden name: Sharon Hutcheson

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

16. (a) Informant: E.L. Hooker

(b) Address: McClure, Ill.

17. (a) Delta Burial (b) Date thereof: Dec 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Delta Ill. (Jammes)

18. (a) Signature of funeral director: Geo. C. Crain

(b) Address: Pulaski Ill.

19. (a) 12-27-43 (b) G.H. Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ill

(b) County: Alexander

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

(d) Street No.: Near McClure
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Dec
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 25 1943 to Dec 27 1943
that I last saw him alive on Dec 24 1943
and that death occurred on the date and hour stated above

Immediate cause of death: Heart & Brain

Due to _____

Due to _____

Other conditions: 50
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

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: J.W. Surrin M.D. (M. D. or other)
Address: Cape Girardeau Date signed: 12-27-43

1014 (Licensed Embalmer's Statement on Reverse Side)

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

16
1
4

RECEIVED

District Health Officer No. 4
District File Number 144-3182
Date Recd. 1-7-44

427 Summit

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.