S. No. 2
M—2-43
. 5-17-39
I X35897

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

2868

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 4740

Registration District No. 280 Primary Registration District No. 6225 Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County Vernon

(b) City or town Urban-Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo 16 day (Specify whether

In this community Same years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Polk 108

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

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

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES HOOPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 2 (Day) 1877 (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business General Public

FATHER
12. Name Wm Hooper
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Washburn
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Miller

(b) Address Bolivar Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp #3 Cemetery

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 1-17-44 (Date received local registrar) (b) Hazel B. Burick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jany day 14 year 1944 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 1, 1944 to Jany 14, 1944 that I last saw him alive on Jany 13, 1944 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pneumonia Bronchial acute | 5 day |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations No

Of autopsy No

107

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R G Hall MD (M. D. or other)

Address Nevada Mo Jan 14/44 Date signed Jany 14/44

1531

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Certificate Number 1-44-44
Date Filed 2-4-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ ....., Registered Apprentice No. ✓, working under my personal supervision.

Signed Mack A. Braswell

Licensed Embalmer No. 2529.

P. O. Address Nevada, 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.**