S. No. 2
4—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12919

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4139

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED: 997

(a) State: Ark. (b) County: 2
(c) City or town: Forrest City (If outside city or town limits, write "RURAL") N.R.
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MARY HOOKS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Will Hooks
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Dec. (Month) 22 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
About 30	4	10	hr. ..... min.

9. Birthplace: (City, town, or county) ..... (State or foreign country) Arkansas
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Oscar Whitley
13. Birthplace: (City, town, or county) ..... (State or foreign country) North Carlina

MOTHER
14. Maiden name: E. Ford
15. Birthplace: (City, town, or county) ..... (State or foreign country) North Carlina

16. (a) Informant: Will Hooks
(b) Address: Forest City Arkansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest City Ark.
18. (a) Signature of funeral director: Mary Wade
(b) Address: 4202 E. Finney Ave.
19. (a) MAY 1 1944 (Date received local registrar) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2 year 1944 hour 3 minute 17 P. M.
21. I hereby certify that I attended the deceased from APR. 11, 1944 to MAY 2, 1944 that I last saw her alive on MAY 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction (complete)	
Due to: Pseudomyxoma peritonaei	
Due to: 56	
Other conditions: Pulmonary edema (Include pregnancy within 3 months of death)	

Major findings: Of operations: Pseudomyxoma peritonaei extensive
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) .....
(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: M. C. Abney (M. D.)
Address: BARNES HOSPITAL Date signed 5/3/44

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Montreal

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.