

FILED JUN 22 1944 8
Registration District No. **2000**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days** (Specify whether years, months or days)

In this community **15 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **895 S. Weller**
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **Laura B. 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 **Widowed**

6. (b) Name of husband or wife **John L. Hooker**

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

7. Birth date of deceased **December 9, 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **6** Days **3** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **In Home**

MOTHER FATHER } 12. Name **James Pryor**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mr. Pryor H. Hooker**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **June 14, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dixon, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
Springfield, Missouri

(b) Address **Springfield, Missouri**

19. (a) **16-11-44** (b) **S. M. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**, year **1944** hour **11:00** minute **00** A. M.

21. I hereby certify that I attended the deceased from **May 1, 1944** to **June 12, 1944**
that I last saw him alive on **June 12, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arterial sclerosis**

Due to **old age**

Due to **Myocarditis**

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

Major findings: Of operations **9321**

Of autopsy **9321**

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? **No** (Specify type of place) _____ (e) Means of injury _____

23. Signature **J. H. Smith** (M. D. or other) **MD**

Address **Springfield, Mo** Date signed **6-14-44**

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

Keith Collier

Licensed Embalmer No.

3632

P. O. Address

Springfield 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.