

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21887

FILED JUN 22 1944

State File No. _____

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.S. LEBANON MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community ALWAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. ROUTE 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CERTIE HOOKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 12
year 1944 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-21 1944 to 5-4 1944
that I last saw her alive on 5-4 1944
and that death occurred on the date and hour stated above

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife LARKIN HOOKER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 31 1877
(Month) (Day) (Year)

Immediate cause of death terminal of apoplexy Duration _____
Due to hypertensive heart disease
Due to C
Other conditions C
(Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace LEBANON MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name NEESON CHAMBERS

13. Birthplace PARIS TEX
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA FLIPPIN

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

16. (a) Informant Ethel Tatum

(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 5 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) 5-16-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
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 9
23. Signature Justin B. Knauer (M. D. or other) P.O.
Address Lebanon, Mo. Date signed 5/12/44

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

5-3003

1090

(Licensed Embalmer's Statement on Reverse Side)

Received

Laclede County Health Unit

File No. 5-44-63

Date Filed 6-21/44

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..... *Allyn DeCherage*

Licensed Embalmer No. *4333*

P. O. Address *Lebanon, 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.