

FILED SEP 22 1944

State File No.

Registration District No. 174

Primary Registration District No. 3636

Registrar's No. 29

5500

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

1. PLACE OF DEATH:

(a) County LAWRENCE
(b) City or town RFD. EVERTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence of John May
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL HIS LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LAWRENCE
(c) City or town RFD. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELY WEBSTER HOOD

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ORLENE HOOD 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased 2 22 1868 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name JEFF HOOD
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Edington

(b) Address EVERTON RFD.

17. (a) Burial (b) Date thereof 7-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation RAYS SPRING

18. (a) Signature of funeral director MORRIS LEIMAN

(b) Address ASH GROVE MO

19. (a) 7-11-44 (Date received local Registrar) (b) Pauline Leiman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1944 hour 7 minute 20 PM

21. I hereby certify that I attended the deceased from May 1st 1944 to July 4 1944 that I last saw him alive on July 4 1944 and that death occurred on the date and year stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Old age

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 6
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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)
(c) Means of injury _____
23. Signature V. R. Riley (M. D. or other) _____
Address EVERTON MO Date signed 7/6/44

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

1182

RECEIVED

District Health Officer No. 6,

District File Number 944-1036

Date Filed SEP 20 1944

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 Maude O. Morris

Licensed Embalmer No. 2066

P. O. Address Ash Grove 590

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.