

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35062
State File No. _____
Registrar's No. 30

Registration District No. 282 Primary Registration District No. 3055

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(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? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Hood
3. (b) If veteran, name war none 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 Nettie Hood 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 30
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 68 hr. min.

Immediate cause of death acute myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93h
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation laborer

11. Industry or business _____
MOTHER FATHER { 12. Name Jmaes Hood
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Dalton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hutchison
(b) Address 505 West 77th St. K.C., Mo.
17. (a) burial (b) Date thereof Oct. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

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? _____

18. (a) Signature of funeral director Hutcheson-Turpin & Co.
(b) Address Bolivar, Mo.
19. (a) Oct. 20 1944 (b) Alice Palen
(Date received local registrar) (Registrar's signature)

23. While at work? _____ (c) Means of injury 3
Signature Ralph Gordon
Address Bolivar, Mo. Date signed 10-19-1944

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

4
1
1

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEPT. OF HEALTH
OFFICE No. 7,
10-44-1215
Date Filed 11-6-44

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.....
.....
working under my personal supervision.

Signed.....
Registered Apprentice No.....
Licensed Embalmer No. 3053
P. O. Address Belvoir 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.