V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Harris

State File No. C137

Primary Registration District No. 2000

Registrar's No. 108a

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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: 75 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.: 799 Mt. Vernon
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Sylvanus B. Hooper

3. (b) If veteran, name war: No

3. (c) Social Security No.: UNK.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Cora Hooper

6. (c) Age of husband or wife if alive: UNK. years

7. Birth date of deceased: Dec. (Month) 31, (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	4	hr. min.

9. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Stationary Eng. Frisco R.R.

FATHER
12. Name: Pleasant Hooper
13. Birthplace: UNK. (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: UNK.
15. Birthplace: UNK. (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Cora Hooper
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 2-7-45 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 6 year: 1945 hour: 9 minute: 50 a.m.

21. I hereby certify that I attended the deceased from October 26, 1944 to February 5, 1945; that I last saw him alive on February 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia from Arteriolonephrosclerosis — Duration: 10 da.

Due to: Generalized Arteriosclerotic cardiovascular disease — 3 yr.

Due to:

Other conditions: Arteriosclerotic Heart Disease — 2 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 13/a

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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Thomas S. Harris (M. D. or other) MD
Address: Medical Arts Bldg. Springfield, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

SEP 6 1945

SEP 20 1945

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. Walter E. Hamilton

Licensed Embalmer No. 3808

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.