

16442

FILED MAY 16 1945

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 134

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Essex, Mo. R. F. D. #2
(If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CLARA BELLE HOOKS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James D. Hooks 6. (c) Age of husband or wife if alive 91 years
 7. Birth date of deceased: April 18 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Hamilton Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Joseph Tretter
 13. Birthplace no record 9
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Maulding
 15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant James D. Hooks
(b) Address Essex, R#2

17. (a) removal (b) Date thereof 5-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 5-7-45 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1945 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4-20 1945 to 5-3 1945
that I last saw him alive on 5-3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
to home approximately 4-20-45
& coronary thrombosis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 94a
Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other) MD
Address Poplar Bluff Mo Date signed 5-7-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
7
3

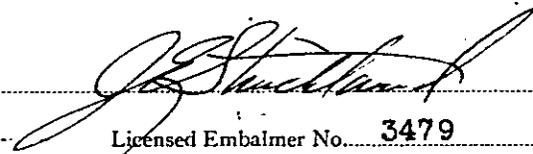
42

RECEIVED
District Health Office No. 2,
District File Number 545-729
to Filed 5-11-45

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, XXX

....., Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.