

FILED JUN 11 1945

State File No.

Registration District No.

Primary Registration District No. 4108

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution XXXX
(If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution. XXX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Stockton
(If outside city or town limits, write "RURAL") /

(d) Street No. XX
(If rural, give location)

(e) Citizen of foreign country? no A (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ALICE CAMERY HOOTEN

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife JAMES WILLIAM HOOTEN

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

7. Birth date of deceased: June 11, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	15	XXXXXX min.

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

10. Usual occupation: Housewife

11. Industry or business: XXX

12. Name: James Haralson

13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Lust

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

16. (a) Informant: Mrs. Rose Long

(b) Address: 1148 So. ...

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 4-28-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE
STOCKTON, MISSOURI

(b) Address

19. (a) 6-6-'45 (Date received local registrar)

(b) Mrs. Lethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1945 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from 4-26 1945 to 4-26 1945
that I last saw her alive on 4-22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Block
Duration: 6 minute

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: ASD

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

23. Signature: J. H. ... (M. or other)

Address: Stockton, Mo. Date signed: 5-2-45

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

2000

RECEIVED

District Health Order No. 7

District File Number 0-45-542

Date Filed 6-9-45

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton 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.