

FILED NOV 6 1945
Registration District No. **241**

Primary Registration District No. **4360**

Registrar's No. **43**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(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 years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Florence Adair Hood

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 Charles W. Hood 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 3 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Liberia (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Van Howell

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

14. Maiden name Maggie Mc Neely

15. Birthplace Jasper County Ill (City, town, or county) (State or foreign country)

16. (a) Informant Thomas A. Hood

(b) Address Malden, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-45 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Palisade Funeral Home

(b) Address Portageville, Mo

19. (a) 9-28-45 (Data received local registrar) (b) Allen Reduse (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1945 hour _____ minute 5 P.M.

21. I hereby certify that I attended the deceased from Aug 12 1945 to Sept 22 1945; that I last saw her alive on Sept 15 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration X

Due to _____

Due to _____

Other conditions General Dephy
(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]
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 E. E. Jones (M. D. or other) _____

Address Liberia, Mo Date signed Dec 3, 45

RECEIVED

District Health Office No. 2,

District File Number 1045-3157

Date Filed 10-31-45

NOV 9 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 Leonard J. Yargo

Licensed Embalmer No. 4330

P. O. Address Portageville, 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.