

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 17 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12142

State File No. \_\_\_\_\_

Registration District No. 15

Primary Registration District No. 5073

Registrar's No. E 14

1. PLACE OF DEATH:  
(a) County Barton  
(b) City or town Rural Northfork  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6 Mile North West Jasper, Mo./  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 month 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 Mile North West Jasper  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dorothy May Hooper  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10th  
year 1946 hour 4 minute 0 A. M.

4. Sex Male / 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive 27th years  
7. Birth date of deceased Jan. 27th 1946  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from only at time of death 19\_\_\_\_ to 19\_\_\_\_  
that I last saw him alive at birth and that death occurred on the date and hour stated above.  
Immediate cause of death Strangulation

8. AGE: Years Months Days If less than one day  
0 1 12 hr. min.

Duration  
Due to position in bed.  
Due to \_\_\_\_\_

9. Birthplace Barton Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Hannibal Hooper

13. Birthplace \_\_\_\_\_

14. Maiden name Naydean Armstrong

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

16. (a) Informant Hannibal Hooper

(b) Address Jasper, Mo. #3

17. (a) Burial (b) Date thereof 3-13th-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Nashville Cem.

18. (a) Signature of funeral director Chas. J. Teeter  
(b) Address Jasper, Mo.

19. (a) March 12th 46 (b) Marie Konantz  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
14519

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?

23. Signature W. H. Knott M.D. (M. D. or other) C  
Address Jasper, Mo. Date signed 3-10-46

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

MOTHER FATHER

10

RECEIVED

District Health Officer No

District File Number 446-427

Date Filed APR 12 1946

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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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper 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.