

S. No. 2
M-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13587

State File No. _____

FILED APR 17 1946

Registration District No. 126

Primary Registration District No. 0001

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2511 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 2511 Main (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Hooper
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 10 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 9 hr. _____ min.

9. Birthplace Girard Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business _____
12. Name William Hooper
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Sarah Thorpe
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Hooper
(b) Address 2511 Main, Joplin, Mo

17. (a) Removal (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Girard Cemetery, Girard, Mo

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 3-20-46 (b) Dell Pearson Jr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 1 minute A M.
21. I hereby certify that I attended the deceased from Dec 7, 1943
_____, 19____, to Mar. 18 1946
that I last saw him alive on Mar 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myo-carditis since 1943
Due to _____
Due to _____
Other conditions: Chronic Inact. Nephritis ?
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 12/18
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) _____
Address Joplin, Missouri Date signed 3/20/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

138

(Licensed Embalmer's Statement on Reverse Side)

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

12493

46-3-296

OCT 22 1961

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 *F. M. J...*

Licensed Embalmer No. *2319*

P. O. Address *Josephine 2100*

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.