

FILED JUL 16 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **25977**

Registration District No. **339**

Primary Registration District No. **6149**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County **Stoddard**

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

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (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. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Henry Hood**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fannie** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **July 12 1860**
(Month) (Day) (Year)

8. AGE: Years **85** Months **11** Days **22** If less than one day
hr. _____ min.

9. Birthplace **Enfield Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Farming**

MOTHER FATHER { 12. Name **Albert Hood**

13. Birthplace **Enfield Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Angeline Kirk**

15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Copal Hancock**

(b) Address **Puxico Mo, R.F.D.**

17. (a) **Burial** (b) Date thereof **7 - 5 - 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Puxico Cemetary**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Missouri**

19. (a) **7-6-46** (b) **Flayd Morgan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **1946** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **June 1946** to **July 4 1946**

that I last saw him alive on **June 27 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **CONGESTIVE HEART FAILURE**

Duration **SEVERAL YEARS**

Due to _____

Due to _____

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

Major findings: **934**

Of operations _____

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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature **W. H. Skellings** (M. D. or other) **D.O.**

Address **Puxico Mo** Date signed **7/5/46**

RECEIVED

District Health Office No. 2

District File Number 746-817

Date Filed 7-9-46

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 Lynnan Steele

Licensed Embalmer No. 2476

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.