S. No. 2
M—2-43
v. 5-17-39
I X35697

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

1626

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

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

(d) Length of stay: In hospital or institution 6 Mo (Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 57

(c) City or town LEBANON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EUGENE HOOKER

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 MARTHA WICKERSHAM

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased AUG (Month) 29 (Day) 1856 (Year)

8. AGE: Years 90 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name WM A. Hooker
13. Birthplace LACLEDE Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELIZEBETH ELLIS
15. Birthplace LACLEDE Co (City, town, or county) MO (State or foreign country)

16. (a) Informant Harry Hooker

(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Jan 25, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2 year 1947 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 24, 1946, to Jan. 21, 1947 that I last saw him alive on Jan. 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & myocardial

Due to Degeneration

Due to

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)
Senility

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 J. H. Summers (M. D. or other) M.D.

Address Lebanon Mo Date signed 1-8-47

152 (Licensed Embalmer's Statement on Reverse Side)

Received 1/30/47

Laclede County Health Unit

File No. 1/47/8

Date Filed 1/31/47

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 D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.