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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 341

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3075

State File No. 7573

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter
(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
In this community 55 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10 3

(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Tennie Ann Hooks

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 Joe Hooks

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March (Month) 25, (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	7	hr. min.

9. Birthplace Essex (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name Thomas M. Pasley
13. Birthplace (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Joe Hooks

(b) Address Dexter, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 2/7-47 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1946 to Feb 1, 1947
that I last saw her alive on Feb 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Coronary Vascular Renal disease.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)

Address Dexter, Mo Date signed 2-7-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-223
Date Filed 2-11-47

MAR 20 1947

MAR 20 1947

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 [signature]

Licensed Embalmer No. 3479

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.