

FILED SEP 2 1947

State File No. _____

Registration District No. 177

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:
506 N. Mon roe /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Always
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede ⁵³
(c) City or town Lebanon ¹
(If outside city or town limits, write "RURAL") ²
(d) Street No. 506 N. Monroe
(If rural, give location) ³
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA HOOKER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eugene Hooker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard J. Wickersham
13. Birthplace Louisville, Ky. ¹
(City, town, or county) (State or foreign country)
14. Maiden name Single
15. Birthplace St. Louis Mo. ⁰
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Hooker

(b) Address Lebanon, Mo.

17. (a) burial (b) Date thereof 8/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon

18. (a) Signature of funeral director Palmer's

(b) Address Lebanon, Mo.

19. (a) Aug 16 1947 (b) Dr. Frankburger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/15/47 to 8/15 1947
and that death occurred on the date and hour stated above.
that I last saw h. 27 alive on 8/15 1947

Immediate cause of death Pulmonary Congestion Duration 12 hrs.

Due to Cerebrovascular accident 13 hrs.

Due to Chronic Hypertension years.

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

Major findings:
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. C. Covington (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 8/16/47

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

Received 8/29/47

Laclede County Health Unit

File No. 8-47-133

Date Filed 8/30/47

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 J. R. Palmer

Licensed Embalmer No. 2208

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.