No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39142

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 371

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 6 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: Parents 68
(a) State Missouri (b) County Moniteau
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country Native

3. (a) PRINT FULL NAME Theodore Charles Hood
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November, 4th. 1947 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	6 hr. min.

9. Birthplace Sedalia, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation --
11. Industry or business --
FATHER
12. Name Joe R. Hood
13. Birthplace Wright, Kansas 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ila C. Payne
15. Birthplace Bagnell, Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Joe R. Hood
(b) Address Tipton, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery, Tipton, Mo.
18. (a) Signature of funeral director Janette E. Richards
(b) Address Tipton, Mo
19. (a) 11/4/47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) 251 Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1947 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-4- 1947 to 11-4 1947 that I last saw him alive on 11-4 (9:30 A.M.) 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis	
Due to: Premature delivery	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature C. F. Luebbert (M.D. or other) D.O.
Address Tipton, Mo Date signed 11-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-20-47

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 NOT .....
..... Registered Apprentice No. .....
working under my personal supervision.

(This body was not embalmed.)

Signed Jewell E. Richard
Licensed Embalmer No. 2466
P. O. Address Lipton 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.