

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42115

FILED DEC 30 1947

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
501 S H St 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 9 yrs.
years, months or days)

3. (a) PRINT FULL NAME Alice B. Hooper

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 widowed

6. (b) Name of husband or wife Samuel S Hooper

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

7. Birth date of deceased June 11 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 6 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Geo Bratten Pa

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Hannah Hatcher

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

16. (a) Informant Mrs J. Ralph

(b) Address Festus Mo

17. (a) Burial (b) Date thereof 12-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melbourne, Iowa

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

(b) Address Festus Mo.

19. (a) Dec. 20 1947 (b) Clara Bellamy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 501 S H St 1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 7 1947 to Dec 7 1947; that I last saw him alive on Dec 18 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Hypertension

Due to _____

Due to _____

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

Major findings: Of operations 938

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 B. Baern (M. D. or other) _____

Address Festus Mo Date signed 12/21/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-29-47

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus 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.