S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3773

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 3 mo 18 days (Specify whether
In this community 4 years 3 months 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Jasper City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME SARAH MARGARET SCHOOLER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fem 1

5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Month (Month) 9 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	11	hr. min.

9. Birthplace Jasper Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Hugh Hooper 4
13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. Thompson
15. Birthplace U.S.A. Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Ed Ulmer

(b) Address Carthage, Mo.

19. (a) 1-23-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 2121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 20 year 1948 hour 6 minute 07 P.M.

21. I hereby certify that I attended the deceased from 6-13-, 1945 to 1-20-, 1948 that I last saw her alive on 1-20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to Arteriosclerosis	
Due to ✓	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. G. Hall (M. D. or other) MD

Address Nevada Mo Date signed 1-20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-47-3 [illegible]
Date Filed 1-27-48

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 Ed Ullmer

Licensed Embalmer No. 2222

P. O. Address Carthage, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.