FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5468

FILED FEB 24 1948

Registration District No. 2809 — Primary Registration District No. 3043 — Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 320 a Bird
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 320 a Bird
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Clyde Hooe
3. (b) If veteran, name war .....
3. (c) Social Security No.: 702-12-8609

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Thelma
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: January 6, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	1	7	....hr. ....min.

9. Birthplace: Frankford Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Railroad
11. Industry or business .....
FATHER
12. Name: George Green Hooe
13. Birthplace: Berryville Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Iona Summers
15. Birthplace: Frankford Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Thelma Hooe
(b) Address: 320 a Bird Hannibal
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverside Cemetery
18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 2-18-48 (Date received by local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour about 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: —	
Due to: Found dead in Bed	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: G.B.D.	

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)
While at work? ..... (e) Means of injury: Coroner
23. Signature: James O'Donnell (M. D. or other)
Address: Hannibal Date signed .....

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

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

No. 2 —1/47 5-17-39

64 3 4

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 John S. Hart, Registered Apprentice No. 35 working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.