S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14225

FILED APR 23 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3588

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month and 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Ziegler Ill 11
(If outside city or town limits, write "RURAL")

(d) Street U.R. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Willis Dalton Hood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Rella

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

7. Birth date of deceased January 28 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	2	16	hr. min.

9. Birthplace McLeansboro Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Joseph Hood
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Arminda Carlisle
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Dean Hood
(b) Address 4943 Parkview-StLouis,Mo

17. (a) removal (b) Date thereof 4-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McLeansboro Illinois.

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.

19. (a) APR 15 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 10, 1948, to April 14, 1948, that I last saw him alive on April 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of lung, right

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pneumonectomy - Carcinoma of lung, right.
Of autopsy As above

Duration

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 0

23. Signature F R Bradley (M. D. ~~[illegible]~~)

Address Barnes Hospital Date signed 4/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Allen Davis

Licensed Embalmer No. 4053

P. O. Address St. Louis.

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.