

S. No. 300
M-10-47
rv. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37602

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 101

1. PLACE OF DEATH
(a) County Chelys Ralls
(b) City or town Ralla
(c) Name of hospital or institution: M. Farland Nursing Home
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 4 (Specify whether Self)
In this community Self (Specify whether years, months or days)

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

3: (a) PRINT FULL NAME MARION A. HOOD
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 17 year 1948 hour 7 minute 33 P.M.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Jan. 27 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 73 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Chelys Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations g20
Of autopsy _____

11. Industry or business _____
12. Name Marion Hood
13. Birthplace Chelys Mo (City, town, or county) (State or foreign country)
14. Maiden name Marion Riddin
15. Birthplace - (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant E. Watta
(b) Address Ralla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Watta Ralla
18. (a) Signature of funeral director Ralla
(b) Address Ralla Mo
19. (a) 11-20-48 (Date received local registrar) (b) Nadine L. Stoeck (Registrar's signature)

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 work) (c) Means of injury _____
23. Signature Watta (Other) _____
Address Ralla, Mo. Date signed 11-17-48

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

MOTHER FATHER

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 11/26/48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Paul E. Null
4498
Rolla, 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.