. S. No. 2
OM—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39601

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 80

1. PLACE OF DEATH:

(a) County Chariton

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

(c) City or town Salisbury 3
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH A. HOOPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. C

5. Color or race W.

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

6. (b) Name of husband or wife Rebecca Hooper

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

7. Birth date of deceased Aug (Month) 21 (Day) 1856 (Year)

8. AGE: Years 92 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Brunswick (City, town, or county), Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Philip Hooper
13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ann Baker
15. Birthplace Fulton (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. G W Hawkins
(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-17-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Triplett Mo

18. (a) Signature of funeral director Chas Winklinger
(b) Address Salisbury Mo

19. (a) 12/17/48 (Date received local registrar) (b) G W Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/15 day
year 48 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from 12-10, 1948, to 12-15, 1948
that I last saw him alive on 12-15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolus	
Due to	
Due to Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature G W Hawkins (M. D. ~~or other~~)
Address Salisbury Mo Date signed 12/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-23-48

0961 NOV 1 SA

Aug 21-52
12-15-48
92-3-

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury

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.