

FILED APR 19 1945

State File No.

Registration District No. 57

Primary Registration District No. 55-15-3023

Registrar's No. 65

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON Mo.
(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) 1
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dellilah F Hood

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe! 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive ✓ years 74
7. (Birth date of deceased) (Month) 1 (Day) 24 (Year) 1854

8. AGE: Years 86 Months 1 Days 78 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James Yandall
13. Birthplace Michigan (City, town, or county) (State or foreign country)
14. Maiden name Minerva Wase
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Chas Hood

(b) Address CLINTON Mo.

17. (a) Burial (b) Date thereof 3-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Eaglewood

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo

19. (a) March 23-1945 (Date received local registrar) Myrtle Bowler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town Shawnee Road 4 1/2 (If outside city or town limits, write "RURAL")
(d) Street No. 12 Miles North CLINTON (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1945 hour 11:15 minute 17 M.

21. I hereby certify that I attended the deceased from 1-31 1945 to 3-22 1945
that I last saw he alive on 3-22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Endarteritis

Due to

Due to Atherosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None

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?

Write at work (Specify type of place) Means of injury

23. Signature Ed C. Deeler (M. D. or other)

Address Clinton Mo Date signed 3/23/45

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

RECEIVED

District Health Officer No. 7;

District File Number: 3-45-272

Date: 4-9-45

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.....

Fred W. Wilkerson

Licensed Embalmer No.....

2478

P. O. Address.....

Clinton Md

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.