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5-17-39  
P-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

33842

FILED NOV 7 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: GENERAL HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 DAYS (Specify whether  
In this community 9 1/2 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 S. Carter St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT H. HOOK

3. (b) If veteran, name war NONE 3. (c) Social Security No. 499-10-8836

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife SOPHIA V. HOOK 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased JULY 23 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation RAILROAD

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOHN W. HOOK  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name MALINDA SABIN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant myself Albert Hook  
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 - 45  
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood, Ill

18. (a) Signature of funeral director W. A. Cassant  
(b) Address Clinton

19. (a) Nov - 5 - 45 (b) R. B. Kennedy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4  
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Nov 3, 1945;  
that I last saw him alive on Nov 3, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 5 days

Due to unknown

Due to \_\_\_\_\_

Other conditions Myopia, Diabetes  
(Include pregnancy within 3 months of death) 4 months

PHYSICIAN  
Major findings: none  
Of operations: none  
Of autopsy: none  
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) no  
(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 place) (c) Means of injury none

23. Signature S. D. Hughes (M. D. or other) Mo.  
Address Clinton, Mo. Date signed Nov 5/45

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

FEB 11 1946

NOV 8 1945

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, on \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. J. Gausant  
Licensed Embalmer No. 3779  
P. O. Address Clinton

**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.