

FILED OCT 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34275

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 216

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:
612 W. GRAND RIVER ST. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)
In this community 6 YEARS

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. 710 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 SOPHIA V. HOOK

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ALBERT H. HOOK 6. (c) Age of husband or wife if alive DECEASED
7. Birth date of deceased JAN. 16 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 29 hr. min.

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

10. Usual occupation HONSEKEEPER

11. Industry or business

12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name RUTH SABIN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Hook
(b) Address 710 S. Carter, Clinton, Mo.

17. (a) BURIAL (b) Date thereof 10-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMBLEWOOD CEM.

18. (a) Signature of funeral director J. A. Varrant
(b) Address Clinton Mo

19. (a) 10-17-47 (b) R. R. Remrey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1947 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 11
1947 to Oct 13 1947
that I last saw her alive on Oct 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to
Due to

Other conditions Chronic myocarditis with
auricular fibrillation

Major findings:
Of operations
Of autopsy 938

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 place)
Signature of physician R. S. Hollingsworth
Address Clinton Mo Date signed 10/17/47

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

MOTHER FATHER

NOV 21 1947

NOV 18 1947

RECEIVED
DISPATCH NO. 7
9-47-1224
10:30:47
Date Filed

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, ~~and~~ by.....

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

Signed *H. J. Vansant*.....

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.