

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14997  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 5498  
 (c) City Clinton, Mo. (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

300 JOHN CALVIN HOOD  
 (a) Residence, No. Clinton, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF alice  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1886  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
73      6      18  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow / Kentucky

FATHER 13. NAME John Hood

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow / unknow

MOTHER 15. MAIDEN NAME Delilah Jones

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow / unknow

17. INFORMANT (ADDRESS) Mrs. H. E. Shiner / Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4-6-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zed Wilkins / Clinton, Mo.

20. FILED 4-13-40 Dr. J. R. Houshater Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938, to April 4, 1940  
 I last saw him alive on about March 1, 1940 Death is said to have occurred on the date stated above, at 8:15 p. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
Chronic myocarditis with hypertension  
 Date of onset April 4, 1940

Other contributory causes of importance: Chronic myocarditis with hypertension about 1935

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) S. B. Hughes, M. D.  
Clinton, Mo. (Address) 312

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NO. 100

DATE OF DEATH

DECEASED: NAME AND FULL ADDRESS OF DECEASED

**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. 2478

P. O. Address Clinton, 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, above space should be left blank.**