

41079

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED JAN 15 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5579

Registrar's No. 39

## 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Merueral (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Jasper Co. Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 years  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT  
FULL NAMEMorgan H. Hoode3. (b) If veteran,  
name war no3. (c) Social Security  
No. none4. Sex Female5. Color or  
race Wh6. (a) Single, widowed, married,  
or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased June 21 1919

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

23529

hr.

min.

9. Birthplace Exel, West Virginia

(City, town, or county)

(State or foreign country)

10. Usual occupation None

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

12. Name Dater Hoode13. Birthplace West Virginia

(City, town, or county)

(State or foreign country)

14. Maiden name Jessie Simpson15. Birthplace Kentucky

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Record

(b) Address \_\_\_\_\_

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 12/23/42

(Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo.18. (a) Signature of funeral director Hedge Nelson(b) Address West City Mo.19. (a) Dec. 23, 1942

(Date received local registrar)

(b) Mae Lillie Lyle

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Jackson City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9101 Kilom Road  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 1 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
 year 1942 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from June 19, 1939 to Dec 20, 1942;  
 that I last saw her alive on Dec 20, 1942;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculous Tuberculosis  
Tuberculous Laryngitis and  
Enterov. Colitis

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

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

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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? ✓

(Specify type of place)

While at work (a) Means of injury \_\_\_\_\_

23. Signature Jessie E. Simpson (M. Deceasing)  
 Address West City Mo Date signed 1/20/43

**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 *E. W. Sledge*

Licensed Embalmer No. *2857*

P. O. Address *Webb Plains*

**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.**