

FILED OCT 7 1947

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 31738

Registration District No. 184

Primary Registration District No. 2038

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McLarney Hosp 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
 (c) City or town Browning 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

Mary Susan Hooch

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex fe! 6. Color or race w 6. (a) Single, widowed, married, divorced m!

6. (b) Name of husband or wife Walter Hooch 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 13 1888
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 2 If less than one day hr. _____ min. _____

9. Birthplace OK mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House wife

12. Name John W Morris!

13. Birthplace OK Ky
(City, town, or county) (State or foreign country)

14. Maiden name Almeda Phillips

15. Birthplace OK mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hooch

(b) Address Browning

17. (a) Burial (b) Date thereof Sept 17 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Walter Hooch

(b) Address Browning Mo.

19. (a) 9-17-47 (b) Walter Hooch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day September
 year 1947 hour 7 32 minute A. M.

21. I hereby certify that I attended the deceased from Sept 8
 _____, 1947, to until, 1947;
 that I last saw her alive on 9-15, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

76 years

Due to Hypertensive cardiovascular disease - nephritis

Due to Generalized arteriosclerosis

Other conditions Fracture of left femur
(Includes pregnancy within 3 months of death)

Fractured ribs, Ch. 1 - 10

Major findings: _____

Of operations _____

Of autopsy 1700-0
2/2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 58

(b) Date of occurrence 9-8-47

(c) Where did injury occur? 2 1/2 mi. west of Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway accident

While at work? _____
(Specify type of place) (e) Means of injury auto accident

23. Signature Walter Hooch (M. D. or other) 0

Address Brookfield Mo Date signed 9/15/47

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

MOTHER FATHER

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Brownington

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.