

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

FILED MAY 13 1940

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.

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

15513
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335 Registered No. _____
 (c) City California, Mo. (d) Street No. _____ St.
 (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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Lafayette Hood

(a) Residence, No. California, 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 Mary B Bell Hood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 13, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month, day, year) 9. Weeks
 11. Total time (years) spent in this occupation 49. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Hood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Patscha Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Dorsey W Hood California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Salem Cemt. DATE April, 19, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boulin Funeral Home California Mo

20. FILED 4-18-1940 H.R. Poppey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1940 to 4-17-1940. I last saw him alive on 4-17-1940. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Coronary Occlusion
Cause Unknown

Date of onset

Other contributory causes of importance: Influenza 94 P

Name of operation None Date of _____
 What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H.R. Poppey M. D.
 (Address) California Mo

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

Earl R. Boulton

Licensed Embalmer No.

2126

P. O. Address

California 71

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.