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7.39
47070

FILED JUN 22 1948
Registration District No. 234

Primary Registration District No. 5816

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Richland Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jeriah O Hood
3. (b) If veteran, name war: No.
3. (c) Social Security No.

4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: deceased

7. Birth date of deceased: Oct 13 - 1878
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 24 hr. min.

9. Birthplace: Moniteau Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Tradesman

11. Industry or business:

12. Name: Jeriah Hood 9

13. Birthplace: Do not know 9
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Pilger
15. Birthplace: Do not know 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Walter Baxter

(b) Address: Smithton MO

17. (a) Burial (b) Date thereof: 6-9-48
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial - cremation: Jamestown MO

18. (a) Signature of funeral director: D. F. Neumeyer

(b) Address: Smithton MO

19. (a) Date received local registrar: June 16 1948 (b) Registrar's signature: W. L. Rippegeel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: (If rural, give location) 1

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1948 hour 5 minute 30^A M.

21. I hereby certify that I attended the deceased from July 4th 1947 to June 9th 1948
that I last saw him alive on 20 June 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Congestive Heart Failure
Due to: Arteriosclerosis, general.

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: -

Of autopsy: -

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury: -

23. Signature: J. T. Sneed, M.D. (M. D. or other)
Address: Smithton MO Date: June 16 1948

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

RECEIVED

District Health Officer No. _____

District File Number 5-48-66

Date Filed 6-7-48

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 A. F. Neumeier

Licensed Embalmer No. 1239

P. O. Address Smithton, 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, fact should be so stated above.