

REC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 399

21053
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON | Registration District No. 1002
(b) Township PAW | Primary Registration District No. _____ Registered No. 2321
(c) City KANSAS CITY | (d) Street No. RESEARCH HOSPITAL 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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MR. ROBERT LOWRY HOOKS
(a) Residence, No. 929 WEST-33RD ST. TERP. 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 MRS. BESSIE L. HOOKS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 2 1876
7. AGE YEARS 63 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PASSENGER TRAIN MASTER
9. Industry or business in which work was done, as saw mill, bank, etc. A-T-SANTA FE RR
10. Date deceased last worked at this occupation (month and year) MARCH 1 1939 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CORINTH MISSISSIPPI

FATHER 13. NAME REV. JAMES CARROLL HOOKS

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

MOTHER 15. MAIDEN NAME LULU LOWRY

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

17. INFORMANT MRS. BESSIE L. HOOKS

(ADDRESS) RHI-HICKMAN MILLS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW MARKET, VIRGINIA DATE JUNE 8 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMERS, SON

(ADDRESS) 1401 BRUSH GREEN BLVD.
20. FILED June 6 1939 M. M. Crowl, ass't
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1939

22. I HEREBY CERTIFY, that I attended deceased from 5/28 1939, to 6/6 1939

I last saw him alive on June 6 1939. Death is said to have occurred on the date stated above, at 3:39 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis
40

Other contributory causes of importance:
Carcinoma of Calculus

Name of operation autopsy Date of 5/28/39

What test confirmed diagnosis? _____ Was there an autopsy? yes

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? _____ If so, specify _____

(Signed) J. Montgomery M. D.

(Address) PROFESSIONAL 137 D.C.

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.

30-M-1-12-38 I X14023

Prof. 13249

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. @ 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.