FILED AUG 14 1940

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

Do not use this space.

24335
2945

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1. PLACE OF DEATH
County Jackson
Township Kaw
City Menorah Hospital (No. Menorah Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME 200 Charles Hilton Hook Jr Charles Hilton Hook, Jr.
(a) Residence, No. Parkville Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son of Dr C H. Hook + Nancy Hook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6-1935

7. AGE: YEARS 5 MONTHS 5 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME Charles H. Hook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Nancy Clutter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Dr C H Hook Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkville DATE July 22 1940

19. UNDERTAKER (ADDRESS) Noland Parkville Mo

20. FILED July 23, 1940 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on 7-20-, 1940. Death is said to have occurred on the date stated above, at 5:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fat Embolism	7/20/40

1860

Other contributory causes of importance: Fracture of Right femur

Name of operation Open reduction Date of 7/20/40
What test confirmed diagnosis? Micro. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acc Date of injury 7/5, 1940
Where did injury occur? Parkville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Fall
Nature of injury Fracture of R femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Ralph E. Mueller, M. D.
(Address) 600 Prof Bldg Kansas City Mo

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.

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