

Registration District No. 620-

Primary Registration District No. 5-827

State File No. _____

Registrar's No. 87

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 1/2 Mi. West 1 1/2 Mi. South
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9
 (Specify whether years, months or days)
 In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Nodaway
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 1/2 Miles South west
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Angeline Bookman Kever 160
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 11 year 1940 hour 3 minute _____ M. 30 P.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife W.O. P. Kever
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 4 1851
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938
Nov 1938, to 7-11 1940
 that I last saw her alive on 7-10 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 7 7 hr. _____ min.

Immediate cause of death
Chol Myocarditis
Cerebral Hemorrhage Duration 37m

9. Birthplace Columbus Ohio
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____
 12. Name Christian Bookman
 18. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

Major findings: None
 Of operations _____
 Of autopsy No

16. (a) Informant's own signature Mrs. C.A. Spiers
 (b) Address Maryville Mo.
 17. (a) Burial (b) Date thereof July 13, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Parnell, Mo.
 18. (a) Signature of funeral director John W. Price
Maryville Mo.
 (b) Address _____
 19. (a) 7-13-1940 (b) Marion E. Clardy
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (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?
556 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. Boyle (M. D. or other) _____
 Address Conception, Mo. Date signed 7-12-40

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.

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.....

John W. Price.

Licensed Embalmer No. *3229*

P. O. Address.....

Maryville 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.