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K26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10463

Registration District No. 135 Primary Registration District No. 3010 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Benson Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven Days (Specify whether
In this community Left Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Norborne Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes name country

3. (a) PRINT FULL NAME Ollie E. Hook

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fem.

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ Louis Hook

6. (c) Age of husband or ~~wife~~ if alive 49 years

7. Birth date of deceased June (Month) 12 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
45	9	8	hr. min.

9. Birthplace Carroll County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business at Home

FATHER
12. Name Charles Bowles
13. Birthplace Quincy Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Luella Bowles
15. Birthplace Carroll County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Louis Hook
(b) Address Norborne Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 22 (Day) 1942 (Year)
(c) Place: burial or cremation Fairhaven Norborne

18. (a) Signature of funeral director John G Dutch
(b) Address Norborne Mo

19. (a) 3-22-42 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 20 day 1942
year 10 AM hour minute M.

21. I hereby certify that I attended the deceased from Mar 13-42, 19, to Mar 20, 1942
that I last saw her alive on Mar 20 42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis following ruptured intestine	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R M Bussac (M. D. ~~or other~~)
Address Carrollton Mo Date signed 3-22-42

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date 4-13-42

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 me, Registered Apprentice No. working under my personal supervision.

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10463

Registration District No. 135 Primary Registration District No. 3010 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ollie E. Hook
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1896 (Year)

8. AGE: Years 45 Months 9 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Ruptured intestine	
Due to Malignancy of ileus and appendages	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48 b	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. M. [illegible] (M. D. or other)
Address [illegible] Date signed 5-4-42

S-10463 1942