S. No. 2
I—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17591

State File No.

Primary Registration District No. 3008

Registrar's No. 160

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

4
1
2

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community 61 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14 0

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

(d) Street No. R.F.D. WILLIAMSBURG.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ELi H. BOOKS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race White

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

6. (b) Name of husband or wife SALLIE BOOKS

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MAR. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 75 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace HARRISBURG. (City, town, or county) PENN 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ELIAS BOOKS
13. Birthplace HARRISBURG (City, town, or county) PENN. 1 (State or foreign country)

MOTHER
14. Maiden name SARAH MYERS
15. Birthplace HARRISBURG. (City, town, or county) PENN. 1 (State or foreign country)

16. (a) Informant MRS E. H. BOOKS
(b) Address WILLIAMSBURG, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 19-42 (Month) (Day) (Year)
(c) Place: burial or cremation FULTON HILL-CREST

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 700 Court St. Fulton Mo

19. (a) May 18-42 (Date received local registrar) (b) Josie Morsinschoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1942 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 26, 1942 to May 18, 1942
that I last saw him alive on May 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Arteriosclerotic Kidney

Due to Arteriosclerosis (Generalized)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 George F. Wood (M. D. or other) M.D.
Address Fulton, Mo. Date signed 5/18/42

(Licensed Embalmer's Statement on Reverse Side)

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 Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.