

FILED DEC 1 0 1942
378

Primary Registration District No. 4552

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove
(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 John Allen Booker

3. (b) If veteran,

name war.....

3. (c) Social Security

No.....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace L. Booker

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. (Month)

30 (Day) 1877 (Year)

8. AGE:

Years 65

Months 1

Days 17

If less than one day

hr. min.

9. Birthplace Sullivan Co., Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-Cemetery Sexton

11. Industry or business

12. Name Richard Booker

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Emily Jane Jet

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Booker

(b) Address Mountain Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Fowler Cemetery

18. (a) Signature of funeral director Sam Stapp

(b) Address Mountain Grove Mo

19. (a) Nov 30 42 (Date received local registrar) (b) Ruby N Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1942 hour 9 minute 15 P.A.M.

21. I hereby certify that I attended the deceased from 1940 19... to Nov. 12 - 1942
that I last saw him alive on Nov. 16 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis
Due to Chronic arthritis

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 Ruby N Perry (M. D. or other).....
Address Int. Home Int. Date signed.....

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

RECEIVED

District Health Officer No. 6,

District File Number ¹²⁴²⁻¹⁶⁹⁴
DEC 8 1942

Date Filed -----

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

George Stapp

Licensed Embalmer No.

3161

P. O. Address

Mr. George M. Stapp

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.