V. S. No. 2
50M—5-42
ev. 5-17-39
Form I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6047

State File No. 19 0 0

FILED MAR 5 1943

Registration District No. 5 1943 Primary Registration District No. 5222 Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Rural Dolan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓ (Specify whether
In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 6 miles west Raymondville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Oscar Perry Hook
3. (b) If veteran, name war: no (Perry) 3. (c) Social Security No.: no

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Bertha Hook 6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: Feb (Month) 13 (Day) 1883 (Year)

8. AGE: Years 60 Months — Days 12 If less than one day hr. min.

9. Birthplace: Cass County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Tom Hook
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Margaret Bentley
15. Birthplace: (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Bertha A. Hook
(b) Address: Freeman Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 28 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Freeman Mo
18. (a) Signature of funeral director: RUNNENBURGER'S HARRISONVILLE, MO.
(b) Address:
19. (a) Feb. 28, 1943 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1943 hour 10 minute 30a M.
21. I hereby certify that I attended the deceased from Feb 5th, 1943, to Feb 10, 1943 that I last saw him alive on Feb 10 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 weeks
Due to: Chronic interstitial nephritis — Duration: 1 year
Due to:
Other conditions: ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓ 13/0
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? (Specify) (e) Means of injury: ✓

23. Signature: E. H. Owen (M. D. or other) D.O.
Address: 104 W Pearl St. Date signed: 2/27/43
Harrisonville Mo

1047 Lot Cemetery (Licensed Embalmer's Statement on Reverse Side)

NOV 16 1948

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 Ernest R Zimmerburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.