V. S. No. 2
0M—5-42
ev. 5-17-39
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

State File No. 23712

FILED JUL 19 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3025

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3618 Pennsylvania
not confined
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51

(a) State Missouri (b) County Johnson 0

(c) City or town Kingsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

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

If yes, name country xxxx /

3. (a) PRINT FULL NAME ALEXANDER P. BOOKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race 0 cauc

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Phoebe Taylor

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased January 31, 1861.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	0	hr. min.

9. Birthplace Old Westport, K.C. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business xxxx

FATHER
12. Name Jake Booker
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Davenport
15. Birthplace uknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rolla McConnell
(b) Address 3618 Penn, K.C. Mo.

17. (a) ~~Burial~~ (~~Burial, cremation~~, or removal) (b) Date thereof July 4, '43
(Month) (Day) (Year)

(c) Place: burial or cremation Duncan Cemetery

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) 7-9-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1943 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from June 20, 1943 to July 1, 1943
that I last saw him alive on June 30, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to Valvular Heart Lesion	
Due to Apoplexy	4 days
Other conditions — (Include pregnancy within 3 months of death) 92 b	
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 Carl A Jackson (M. D. or other) Mo

Address 1103 E Common Date signed July 8 43

(Licensed Embalmer's Statement on Reverse Side)

Dr Jackson
1104 Armour

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 Samuel B Popp

Licensed Embalmer No. 4044

P. O. Address Holden 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.