

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Shirwood

1468

State File No.

12

Registrar's No.

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Dec-28-37-3-44
(Specify whether years, months or days) 5 Days

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Beuliar
(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 _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ROSIE LEE HOOK

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month Jan day 3
year 1944 hour 4 minute 28 PM

21. I hereby certify that I attended the deceased from 12-28-43 to 1-3-44, 1944

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Hook

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Dec-15-1878
(Month) (Day) (Year)

that I last saw h. Pathologist and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic cardiac disease

8. AGE: Years 65 Months - Days 18
If less than one day hr. _____ min. _____

Due to _____

Due to 93A

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations None

12. Name James Murphy

Of autopsy As above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Independence Mo

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

16. (a) Informant John Hook

(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director A. W. Bevanfield

(b) Address Pleasant Hill Mo

19. (a) Jan 3 1944 (b) C. A. Mc Guire
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Now

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. A. Mc Guire (M. D. or other) _____
By Marie Shwood, M.D. Date signed _____

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

Pathologist: St Joseph Hospital

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.....

Licensed Embalmer No.....

P. O. Address.....

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.