S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5950

Registrar's No. 919

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:
1827 East 59th Street
(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)
In this community: No Record

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1827 East 59th Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: GEORGE R. BOOKMAN

3. (b) If veteran, name war: No

3. (c) Social Security No. No Record

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Constance K.

6. (c) Age of husband or wife if alive: No Rec years

7. Birth date of deceased: No Record (Month) (Day) (Year)

8. AGE: Years: app. 72 | Months: | Days: | If less than one day: ____ hr. ____ min.

9. Birthplace: West Bend (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: ____

MOTHER FATHER

12. Name: Seymond Bookman

13. Birthplace: Saratoga, (City, town, or county) New York (State or foreign country)

14. Maiden name: Lydia Ann Huntley

15. Birthplace: Belvidere (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. Constance Bookman

(b) Address: 1827 East 59th Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 2/26/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Quirk Mrs Colin Co.

(b) Address: 20 W. Linwood

19. (a) 2-26-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th year 1944 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary occlusion with acute myocardial infarction — Duration

Due to: ____

Due to: ____

Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: See above

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: A. E. Walker (M. D. or other) M.D.

Address: 23rd & McCoy Date signed: 2/25/44

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1948

MAR 27 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. [illegible]

Licensed Embalmer No. 7810

P. O. Address. [illegible]

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.