

FILED MAR 12 1945
Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 34

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Lou Hook

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color W race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased not given
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace MS (City, town, or county) (State or foreign country) Y

10. Usual occupation MS

11. Industry or business _____

MOTHER FATHER { 12. Name MS {
13. Birthplace MS (City, town, or county) (State or foreign country) {
14. Maiden name MS {
15. Birthplace MS (City, town, or county) (State or foreign country) {

16. (a) Informant Deacon
(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest, Fulton, Mo

18. (a) Signature of funeral director Wm J. Maupin

(b) Address 712 Court St. Fulton, Mo
19. (a) Feb 15 1945 (Date received local registrar) (b) Joan Mankoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Callaway (b) County 14
(c) City or town Fulton (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1945 hour 9 minute 0 a.m.

21. I hereby certify that I attended the deceased from 1-13-45 to 2-13-45 that I last saw him alive on 2-13-45 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial infarction

Due to _____
Due to 93d

Other conditions (Include pregnancy within 3 months of death)

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? _____

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

23. Signature R E. Starnes (M. D. or other) _____
Address Fulton, Mo Date signed 2/15/45

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

4
1
2

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed: 3-10-45

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 Glen Y. Maupein
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.