

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 323

Primary Registration District No. 4480

Registrar's No. 18

1. PLACE OF DEATH:

(a) County. Schuyler
(b) City or town. Greentop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Van Osdol Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME James Lerov Bookout

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Edith Holland 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased. Nov. 12 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 23 hr. min.

9. Birthplace Greentop Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Dealer

11. Industry or business Bulk Plant & Station

MOTHER FATHER { 12. Name Isaac Lee Bookout
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Kelley
15. Birthplace Schuyler Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolee Sunderland
(b) Address Greentop, Missouri
17. (a) Burial (b) Date thereof 12/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Madison Cmt.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) 12/7/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98
(c) City or town Greentop
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1945 hour 5 minute 33 P.M.

21. I hereby certify that I attended the deceased from 12-30-45
to Time of death, 19...., to Time of death, 19....
that I last saw him alive on 12-5-45, 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar Pneumonia
Due to aspiration 3 weeks

Due to 108
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) (a) Means of injury
23. Signature [Signature] (b) [Signature]
Address [Address] Date signed 12-5-45

JAN 25 1946

RECEIVED

District Health Officer No. 10

District File Number 1-46-2

Date Filed JAN 16 1946

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 *W. R. Kelly*

Licensed Embalmer No. 4181

P. O. Address *W. R. Kelly*

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.