V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5519

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 963

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:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. (Specify whether
In this community ~~10 hrs.~~ lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Javkson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7811 Wilson Rd. 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Andrew J. Booker

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife --

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

7. Birth date of deceased 6/22/1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	2	hr. min.

9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer - Retired

11. Industry or business

FATHER
12. Name Thomas Booker
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Lavina Seeman
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Booker (Bro)
(b) Address 7811 Wilson Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill K. C. K.

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) 2-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/24/46 day
year 1946 hour 10.40 A minute M.

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

Immediate cause of death Deputy Coroner Shock

Due to Multiple Fractures of

Due to Legs & Chest

Other conditions auto trauma
(Include pregnancy within 3 months of death)
auto & pedestrian

Major findings:
Of operations
Of autopsy 1706-8 21

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) Accident 123

(b) Date of occurrence 2/24/46

(c) Where did injury occur? Kansas City Mo
(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 No (e) Means of injury Trauma

23. Signature A. E. Ascher. 0 (M. D. or other)
Address 2800 Main Date signed 2/25/46

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Sheel

Licensed Embalmer No. 3625

P. O. Address K 6 Ur

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.