

S. No. 2
M-5-43
7. 5-17-39
I X3687

FILED JUL 10 1946

Registration District No. 149 Primary Registration District No. 1002

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 #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)

In this community 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 3220 Thompson 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 8
If yes, name country _____

3. (a) PRINT FULL NAME Simon Peter Book

3. (b) If veteran, name war W.W. 2

3. (c) Social Security No. 478-18-4398

4. Sex male 5. Color or race Wh

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

6. (b) Name of husband or wife Susan Hale Book

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 8-2-1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>10</u>	<u>20</u>	hr. min.

9. Birthplace Defiance, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business U. S. Post Office

MOTHER FATHER { 12. Name John Book

13. Birthplace Germany
(City, town, or county) (State or foreign country) 4

14. Maiden name Onelia Abts

15. Birthplace Fountain City, Wisc.
(City, town, or county) (State or foreign country) 1

16. (a) Informant Robert Book

(b) Address 3212 Prospect

17. (a) Burial (b) Date thereof 6/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Defiance, Iowa

18. (a) Signature of funeral director John P. Shell

(b) Address Kansas City, Mo.

19. (a) 6-24-46 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22
year 1946 hour 12³⁰ minute 2 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 Gun shot wound chest

Duration _____

Due to _____

Due to _____

Other conditions 106
(Include pregnancy within 3 months of death)

Major findings: History + Impression

Of operations _____

Of autopsy no

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) Homicide

(b) Date of occurrence 6-21-46

(c) Where did injury occur? K.C. Jackson
(City) (town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? _____ (Specify type of place)

(e) Means of injury 3rd Pistol

23. Signature James Walker (M. D. or other) 3

Address 1424 W. 11th Date signed 6-22-46

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

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. 3625
P. O. Address 16640

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.