

Registration District No. 154

Primary Registration District No. 5375

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo. Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Peculiar
(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 _____

3. (a) PRINT FULL NAME Carol Dean Hook

3. (b) If veteran, name war World War II

3. (c) Social Security No. _____

4. Sex Male (1) 5. Color or race Wh.

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 Aug 24 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 9 15 _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Grover Hook

13. Birthplace Freeman Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Dawson

15. Birthplace Harrisonville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hook

(b) Address Peculiar Mo

17. (a) Burial (b) Date thereof 6-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address 7406 Wornall;

19. (a) 6/25/46 (b) Dr. Annie B. Hodges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1946 hour 3A.M 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 Skull Fracture
Auto Trauma
(2-Car Collision)

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 6/9/46

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, or in an industrial place, in public place? No

While at work? No (Specify type of place) _____ (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or D. O.)
Address 2070 Mum Date 6/10/46

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

MOTHER FATHER

136

9061 07 706

NOV 21 1906

NOV 1 1906

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, *Howard J. Rol*.....

Licensed Embalmer No. *2748*.....

P. O. Address *5109 agua. K.C.*.....

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.