

Registration District No. **42**

Primary Registration District No. **5133**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **Easton "MARION TWSP"**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **General Delivery /**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Lifetime** (Specify whether years, months or days)
 In this community **Lifetime**

3. (a) PRINT FULL NAME

CHARLES M. HOOK

3. (b) If veteran,

name war **None**

3. (c) Social Security

No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Melvina** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **September 10, 1871**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **7** If less than one day hr. min.

9. Birthplace **Buchanan Co., Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired)**
Farm

11. Industry or business

12. Name **Charles Hook**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Hook**

(b) Address **St. Joseph, Missouri**

17. (a) **Burial** (b) Date thereof **9/19/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **John C. Ruff**

(b) Address **6054 Pryor Ave., City**

19. (a) **Sept. 20, 1946** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
 (c) City or town **Easton "MARION TWSP"**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **General Delivery** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17,** year **1946** hour **6** minute **30** P. M.

21. I hereby certify that I attended the deceased from **8/28** to **Sept 7** 19**46**
 that I last saw him alive on **Sept 7** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic heart disease**
Chronic Coronary Heart Disease
 Due to

Due to

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 **[Signature]** (M. D. or other)

Address **[Signature]** Date signed **9/18/46**

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.

P. O. Address.....

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.