

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33453

State File No. _____
Registrar's No. **4438**

Registration District No. **149**

Primary Registration District No. **1003**

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

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 NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 DAYS**
(Specify whether
In this community **15 YRS.**
years, months or days)

3. (a) PRINT FULL NAME **BEATRICE BOOKER**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **FEMALE** 3. 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **GARNER BOOKER** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **JANUARY 10, 1909**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	9	10	hr. min.

9. Birthplace **MUSKOGEE OKLAHOMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER

12. Name **G. W. SHUMATE**

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

14. Maiden name **MARTHA BASKINS**

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

16. (a) Informant **GARNER BOOKER (HUSBAND)**

(b) Address **1624 PARK K. C. Mo.,**

17. (a) **Removed** (b) Date thereof **10-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Muskogee, Okla.**

18. (a) Signature of funeral director **K.C. Emb. &asket Co. J. W. Jones**

(b) Address **440 State Ave**

19. (a) **10-23-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1624 PARK**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

48
20
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **20**,
year **1946** hour **5:** minute **00** P. M.

21. I hereby certify that I attended the deceased from **OCTOBER 18, 1946** to **OCTOBER 20, 1946**; that I last saw **ER** alive on **OCTOBER 20, 1946**; and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration _____

Due to **ECLAMPSIA AND CYESIS**

Due to **delivered stillborn**

Other conditions **PREGNANCY TO TERM**
(Include pregnancy within 3 months of death)

Major findings: **death after delivery**
Of operations _____

Of autopsy **1480** 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? _____

(Specify type of place) _____

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

Address **GENERAL HOSPITAL NO. 2** Date signed **10/21/46**

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..... *Eugene English*
Licensed Embalmer No..... *4105*
P. O. Address..... *440 State Ave. N. E.*

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.