

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Greentop**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Greentop, Missouri**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **Life** years, months or days)

3. (a) PRINT FULL NAME **Joseph Lee Bookout**

3. (b) If veteran, name war 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1863** years
7. Birth date of deceased **Feb. 7** (Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **13** If less than one day hr. min.

9. Birthplace **Adair County Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

MOTHER FATHER { 12. Name **Eli Bookout**
13. Birthplace **Alabama** (City, town, or county) (State or foreign country)

14. Maiden name **Martha J. Andrews**

15. Birthplace **Monroe Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Albert E. Bookout**
(b) Address **Greentop, Missouri**

17. (a) **Burial** (b) Date thereof **11/22/46** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Queen City, Missouri**

18. (a) Signature of funeral director **D. E. Riley**
(b) Address **Kirksville, Missouri**

19. (a) **Dec 14-46** (b) **W. A. Drake** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Greentop** (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **20**
year **1946** hour **6:00** minute **A:** M.

21. I hereby certify that I attended the deceased from **Sept 1** 19**46** to **Nov 20** 19**46**
that I last saw him alive on **Nov 20** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Prostate** Duration **10 Months**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **5.1 B**

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) (c) Means of injury

23. Signature **W. A. Drake** (M. D. or other)
Address **Greentop, Missouri** Date signed **11-26-46**

RECEIVED
District Health Officer No. 10
District File Number 12-46-23
Date Filed DEC 20 1948

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..... *D. E. Kilgus*

Licensed Embalmer No. *4191*

P. O. Address. *Kentville W.*

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.