S. No. 2
M—1/47

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 14281

Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: California (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitarium 0 (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau 68
(c) City or town: Tipton (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: James Oliver Bookout
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month), 4th (Day), 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	7	..... hr. ..... min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired
FATHER
12. Name: Joseph F. Bookout
13. Birthplace: -- (City, town, or county) Kentucky (State or foreign country) 1
MOTHER
14. Maiden name: Mary J. Clark
15. Birthplace: -- (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant: Mrs. Rose Hainen (Daughter)
(b) Address: Tipton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Moreau Cemetery
18. (a) Signature of funeral director: Jennie E. Kuhn
(b) Address: Tipton Mo
19. (a) 4-15-47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1947 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from Feb 2 1947, to April 11, 1947; that I last saw him alive on April 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to: Generalized arteriosclerosis	5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): 0	
Major findings: Of operations: Gangrene 1st foot	
Of autopsy:	

PHYSICIAN — Underline the cause of 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)
While at work?
(e) Means of injury: 0
23. Signature: Kenyon Latham (M. D. or other)
Address: California, Mo. Date signed: 4-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-42

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. Jennie E. Richards.

Licensed Embalmer No. 2466

P. O. Address. Tipton Mo

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.