

No. 2  
-1/47  
5-17-39

26772

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics

FILED AUG 30 1947

Registrar's No. 1001

Registration District No. ....

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
212 1/2 N. 21st Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not  
(Specify whether)

In this community 6 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 212 1/2 N. 21st Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Leo Glenn Bookout

3. (b) If veteran, name war None

3. (c) Social Security No. 491-22-6250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th  
year 1947 viewed 1 minute 00 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leota Bookout

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August 3 1905  
(Month) (Day) (Year)

21. I hereby certify that I ~~examined~~ viewed the deceased from Aug 19th 47, 1947, to 19.....  
that I last saw h..... alive on 19.....  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>42</u>	<u>00</u>	<u>16</u>	..... hr. .... min.

Immediate cause of death Cerebral Apoplexy

Due to .....

Due to .....

9. Birthplace Queen City Missouri  
(City, town, or county) (State or foreign country)

Other conditions Arterial Hypertension  
(Include pregnancy within 3 months of death)

Duration

10. Usual occupation Buchanan County Liquor Inspector

11. Industry or business Buchanan County, Missouri.

12. Name J. W. Bookout

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

14. Maiden name Maude O'Brien

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

16. (a) Informant Mrs. Leota Bookout

(b) Address 212 1/2 N. 21st St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof Aug 21, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City, Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 8-22-47 (b) K. K. Jenkins  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:  
Of operations.....  
Of autopsy.....

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 B. W. Tadlock Coroner  
KING HILL BLDG (M. D. or other)  
Address St. Joseph, Mo Date signed 8/21/47

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

MOTHER FATHER

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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..... *Albert C. Harrington* .....

Licensed Embalmer No. 3258 Missouri

P. O. Address..... St. Joseph, 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.