No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38202
Registrar's No. 4635

FILED NOV 24 1947
Registrar's District No. 1947
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 Lemans Tow St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NO (Specify whether years, months or days)
In this community: 4 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Houston Lake Mo.
(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:

48
0
0

3. (a) PRINT FULL NAME: MRS. MARY HOOK
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO.
4. Sex: Fem.
5. Color or race: Whe.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Arthur D. Hook
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: 4 (Month) 23 (Day) 1868 (Year)

8. AGE: Years 79 Months 6 Days 11 If less than one day hr. min.

9. Birthplace: Port Huron (City, town, or county) Mich (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): Mason
13. Birthplace (Father): Michigan (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Mary May
15. Birthplace (Mother): No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Harry L. Miller
(b) Address: 9810 E 9
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's Cem
18. (a) Signature of funeral director: John W. Shell
(b) Address: Kansas City Mo
19. (a) 11-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4 year 1947 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from July 1947 to Nov 3 1947 that I last saw her alive on Nov 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage — Duration
Due to: Cancer of Sigmoid
Due to:
Other conditions (Include pregnancy within 3 months of death): Hot
Major findings: Of operations: Cancer of Sigmoid
Operated Colostomy
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: Lucy Gustafson (M. D. ~~or other~~)
Address: 303 W Armour Blvd Date signed 11-5-47

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Ker Hugh Gestring
300 W. Armour Bend.
Room 424

NN

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 John P Sheil

Licensed Embalmer No. 3625

P. O. Address 56 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.