

USE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 29 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22397

Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 50  
(b) Township Anglem Primary Registration District No. 5176 Registered No. \_\_\_\_\_  
(c) City Stoutland (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Linda Sue Bookhout

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX girl 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6<sup>th</sup> 1948

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY That I attended deceased from July 3<sup>rd</sup> 1948 to July 6<sup>th</sup> 1948  
I last saw her alive on July 6<sup>th</sup> 1948. Death is said to have occurred on the date stated above, at 4 a. m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS 3 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Premature birth & ma. and Spina Bifide  
Date of onset \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? bedside Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Anglem, Temp. Rural Camden, Mo.

FATHER 13. NAME Fred Bookhout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Mo.

MOTHER 15. MAIDEN NAME Virginia Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Mo.

17. INFORMANT (ADDRESS) Virginia Bookhout Stoutland

18. BURIAL, CREMATION, OR REMOVAL PLACE Hypoint Cem DATE July 20 1948

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED July 24 1948 Zilpha Druw Local Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) C. E. Carlton, M. D.  
(Address) Stoutland, Mo.

RECEIVED  
District Health Officer No. 7,  
District File No. 838  
7-27-48.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)**

*Not embalmed*