No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

Registration District No. 352

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28633

Primary Registration District No. 4517

Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rural — Branson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Rural
(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

3. (a) PRINT FULL NAME SARAH ISABELLE BOOKOUT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife James H. Bookout

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

7. Birth date of deceased Feb. (Month) 6th (Day) 1858 (Year)

8. AGE: Years 90 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Webster Co — Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Weatherman
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Stockstill
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Bookout
(b) Address Branson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Shade Mo

18. (a) Signature of funeral director R.O. Nihelchel
(b) Address Branson Mo

19. (a) 8-10-48 (Date received local registrar) (b) S E Cogswell 271 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 1/1, 1948, to 8/10, 1948, that I last saw her alive on 8/10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 day
Due to Senility	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

936

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 10

23. Signature H. T. Evans (M. D. or other) M.D.
Address Branson, Mo Date signed 8/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 848-952
Date Filed AUG 17 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 Minnie L. Nikelaheb

Licensed Embalmer No. 2277

P. O. Address Branson 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.