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. 2 9

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
In this community years, months or days)

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")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (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
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 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired

MOTHER / FATHER
12. Name Joseph F. Bookout
13. Birthplace -- (City, town, or county) Kentucky (State or foreign country) 1
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. Kuhlman
(b) Address Tipton Mo
19. (a) 4-15-47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature) FDR

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 h.. alive on April 11 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 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 Rt 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 Calfpasture, 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 James 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.