

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28321

ED SEP 3 1943
Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ollie M. Bookout

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James O. Bookout 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 27th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Tobias Newkirk

13. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Petree
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James O. Bookout

(b) Address Tipton, Mo.
17. (a) Burial (b) Date thereof 8/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moreau Cemetery

18. (a) Signature of funeral director James E. Richards
(b) Address Tipton, Mo.

19. (a) (b) (c)
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No. No numbers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.
year 1943 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan. 10, 1943 to Aug 17, 1943
that I last saw her alive on Aug 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure
Due to Chronic Sclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 12421
Of autopsy

PHYSICIAN
Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury 2nd
23. Signature C. W. Lake (M.D. or other) 2nd
Address Date signed

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Rich

Licensed Embalmer No. 2466

P. O. Address Wipster

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 225

Primary Registration District No. 4235

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Japan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT
FULL NAME

Ellie M. Baskant

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced M

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

7. Birth date of deceased July 27
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 12 Unless than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Aug 17 / 43 (b) Mrs. Leroy P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 17
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

28821