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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28452

Registration District No. 297

Primary Registration District No. 9016

Registrar's No. 78

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Washington, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)

In this community: Five days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pulaski

(c) City or town: Crocker (If outside city or town limits, write "RURAL")

(d) Street No.: Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Perry S Rook

3. (b) If veteran, name war: X

3. (c) Social Security No. 500-16-8465

4. Sex: Male

5. Color or race: White

6. (a) ~~Single, widowed, married~~, divorced: DIVORCED

6. (b) Name of husband or wife: divorced Rosena Rook neeLewis

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

7. Birth date of deceased: November (Month) 19th (Day) 1873 (Year)

8. AGE: Years 66 Months 9 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Blacksmith

11. Industry or business: ---

FATHER

12. Name: Frank Rook

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Emeline Long

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Bertie Marshal

(b) Address: 531 S. Courtland St Washington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 25th 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: Washington, Mo.

18. (a) Signature of funeral director: Niebury & Vitt Inc

(b) Address: Washington, Mo. By A. C. Niebury

19. (a) Aug 25-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 23 year: 1940 hour: 1.5 minute: 10 P.M.

21. I hereby certify that I attended the deceased from Aug 22, 1940 to Aug 23, 1940 that I last saw him alive on Aug 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure	3 hrs
Due to Acute Emphysema of Gallbladder	1 wk
Due to Chronic Cholecystitis	Long known

Other conditions (Include pregnancy within 3 months of death): ---

Major findings: Of operation: Emphysema of gall-bladder

Of autopsy: no 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: R. R. Cuellar M.D. (M. D. ~~or other~~)

Address: Washington Mo. Date signed: 8-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 Mr

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. L. Mibury

Licensed Embalmer No. 2387

P. O. Address Washington, A

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

If this body is not embalmed, fact should be so stated above.