

No. 2  
4-12-40  
5-17-39  
X2313

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20940

ED JUL 10 1943

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 169

4  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton, Mo 510 E 8th St  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Nine Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway / 4  
 (c) City or town Fulton, Missouri  
 (If outside city or town limits, write "RURAL") 1  
 (d) Street No. 510 E 8th St. (If rural, give location) 2  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME PETER BOUT  
 (b) If veteran, name war 19K  
 3. (c) Social Security No. DK

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Mary Bout  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased Oct 1 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>4</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Leonard Bout

12. Name Germany

13. Birthplace Rebecca Hill  
 (City, town, or county) (State or foreign country)

14. Maiden name Pa.  
 (City, town, or county) (State or foreign country)

15. Birthplace Earl Bout  
 (City, town, or county) (State or foreign country)

16. (a) Informant St. Louis, Mo

(b) Address Burial

17. (a) (Burial, cremation, or removal) Carrollton, Mo (b) Date thereof 6/7/1943  
 (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo

18. (a) Signature of funeral director Lu G. Wallace  
 (b) Address Fulton, Mo

19. (a) 6-5-1943 (b) Joan Morant  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5<sup>th</sup>  
 year 1943 hour 2<sup>00</sup> minute A.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to June 4, 1943  
 that I last saw him alive on June 4, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute military tuberculosis  
(X-ray diagnosis - organ not found)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Terminal Hypoteli Pneumonia  
 (include pregnancy within 3 months of death) 36 hrs

Major findings: Of operations none  
 Of autopsy none

Duration 1 yr.  
 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 0

23. Signature Henry Dunt (M. D. or other) M.D.  
 Address Fulton, Mo. Date signed 4/5/43

**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.....

*Albert E. White*

Licensed Embalmer No. ....

*4168*

P. O. Address.....

*Fulton 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.**