

FILED JUL 22 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23083  
Registrar's No. 2888

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three Months & 2 Wks  
(Specify whether  
In this community unknown  
years, months or days)

3. (a) PRINT FULL NAME William Hook

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

4. Sex M 5. Color or race White 6. (a) ~~Single, widowed, married,~~ divorced 2  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased Feb (Month) 17 (Day) 1872 (Year)

8. AGE: Years 76 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Home Contractor

11. Industry or business Interior Decorator

MOTHER FATHER  
12. Name H. B. Hook  
13. Birthplace VA (City, town, or county) (State or foreign country)  
14. Maiden name Martha Carter  
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records  
(b) Address H-C, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Bamfield  
(b) Address Pleasant Hill, Mo.

19. (a) 7-13-48 (Date received local registrar) (b) Deirdre Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 1006 Harrison (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 26, 1948 to July 13, 1948 that I last saw him alive on July 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 4 (Include pregnancy within 3 months of death) 95C

Major findings: Of operations \_\_\_\_\_  
Of autopsy See Above

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 Wm W. Hart (M. D. or other) MD  
Address Med. Dir. General Hosp. #1 Date signed 7-13-48

**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.....

*By me*

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

working under my personal supervision.

Signed..... *Allen Brownfield* .....

Licensed Embalmer No. *31785* .....

P. O. Address..... *Pleasant Hill* .....

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

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

Registration District No. *149*

Primary Registration District No. *1002*

Registrar's No. *2888*

1. PLACE OF DEATH:

(a) County *Kansas City*  
 (b) City or town *Kansas City*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
*Gen. Hosp.*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 in this community *40 years*  
years, months or days)

3. (a) PRINT FULL NAME *William Hook*  
 (b) If veteran, name war *No*  
 (c) Social Security No. \_\_\_\_\_

4. Sex \_\_\_\_\_ race \_\_\_\_\_  
 5. Color or \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day  
 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation *Contractor & Interior Dec.*

11. Industry or business *Interior Decorator*

MOTHER FATHER  
 { 12. Name \_\_\_\_\_  
 { 13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 { 14. Maiden name \_\_\_\_\_  
 { 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. Informant *John Hook*  
 Address *Pleasant Hill, Mo. 7-13-48*

17. (a) *Burial Removal* (b) Date thereof *Jul 15 48*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Union Cem. P. H. Mo.*

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(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 *July* Day \_\_\_\_\_  
 year *1948* hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to *Please send us the information checked on this form.*

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

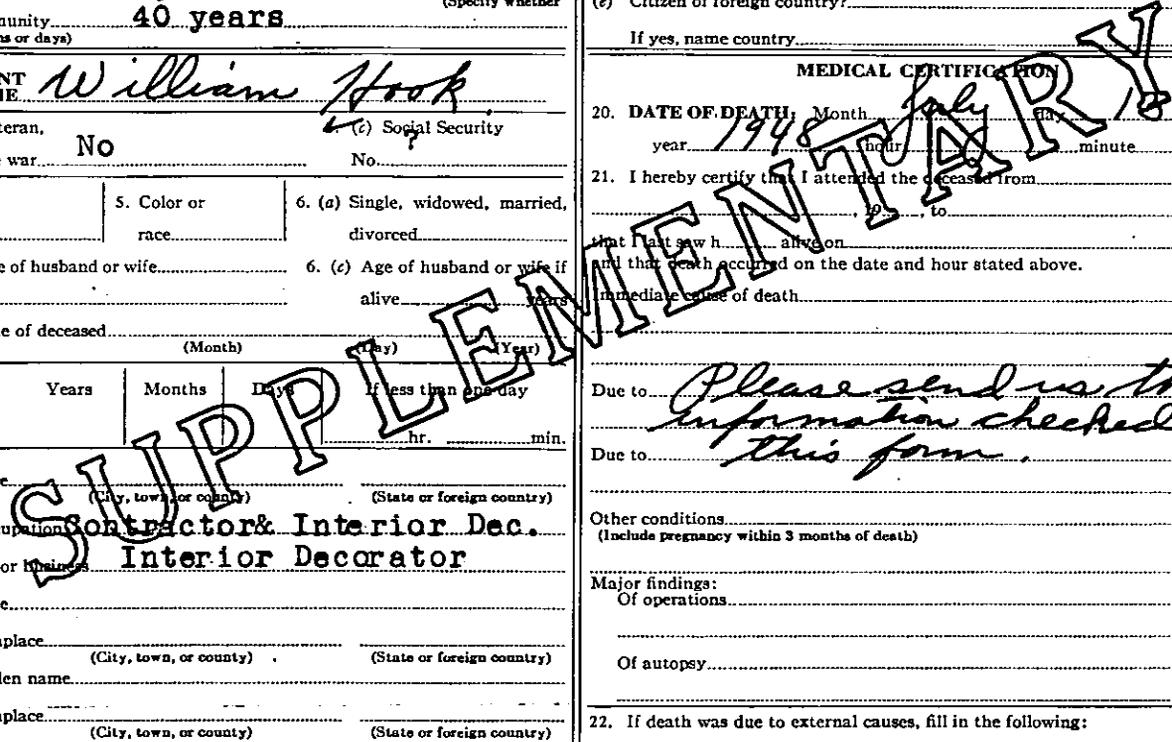
Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_



S-23083