

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1179  
258

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>27 yrs</u>		c. CITY OR TOWN <u>Kansas City Mo</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15th + Wabash</u>				d. STREET ADDRESS (If rural, give location) <u>6024-E-12th St</u>							
3. NAME OF DECEASED (Type or Print) <u>ELMER CECIL BOOKER</u>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH <u>Jan 17-1949</u>				(Month)		(Day)		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5/29/1894</u>		9. AGE (In years last birthday) <u>54</u>			
						Months <u>8</u>		Days <u>18</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>		11. BIRTHPLACE (State or foreign country) <u>Brownsville Tex</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Joseph Booker</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Phillips</u>			14. NAME OF HUSBAND OR WIFE <u>Hildred Booker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give no. or unknown) (If yes, give year or date of service) <u>Yes World War #1</u>				16. SOCIAL SECURITY NO. <u>487-057541</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hildred Booker</u>			ADDRESS <u>6024-E-12th St</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>A.E. Upsher</u>				23b. ADDRESS <u>2800 Main</u>			23c. DATE SIGNED <u>1/17/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>		24d. LOCATION (City, town, or county) <u>Kansas City</u>		(State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-19-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FEDERAL DIRECTOR'S SIGNATURE <u>J.P. Shield</u>		ADDRESS <u>W.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. P. Shiel* \_\_\_\_\_

Licensed Embalmer No. *3625* \_\_\_\_\_

P. O. Address *K. C. 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.