

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18547
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 290
(b) Township Balmy Primary Registration District No. 5408
(c) City Senath (d) Street No. _____ Registered No. 95
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 207 Mrs. Sallie Ann Cook
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard J. Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9 - 1894
7. AGE YEARS 45 MONTHS 4 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cash Prairie Mo
13. NAME Luther Spur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nash Knob Mo
15. MAIDEN NAME Jennie Yarbrough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath Mo
17. INFORMANT (ADDRESS) Richard J. Cook Senath, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Marmaduke, Mo. DATE May 17 - 1939
19. FUNERAL DIRECTOR (ADDRESS) W. Daniel Daniel Senath, Mo.
20. FILED June 1 1939 A. S. McDaniel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
my attended by a Physician
myocardial Failure.
Other contributory causes of importance:
Epileptic Convulsions.
1920
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) George J. Givens M. D.
Colonel Dunklin Co
Senath Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 29-342

Date Filed 6/5/39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)