

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

REV. 5-17-30
 FORM 1 X1931

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.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson 3
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
725 Prospect
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 2 Weeks
 years, months or days)

3. (a) PRINT FULL NAME Cornelia Cecelia Cook, 2000
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alfred J. Cook 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Sept. 7th, 1876
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Joseph Stoltz

12. Name Joseph, Stoltz

13. Birthplace Christine M. Miller,
 (City, town, or county) (State or foreign country)

14. Maiden name Christine M. Miller,

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

16. (a) Informant's own signature Anna C. Stoltz,

(b) Address 725 Prospect Avenue, K.C. Mo.

17. (a) Burial (b) Date thereof Nov. 6 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chattanooga, Tenn

18. (a) Signature of funeral director Mrs. C. G. Forster

(b) Address 918 Brooklyn Avenue, K. C. Mo.

19. (a) 3/39 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2
 (a) State Tennessee (b) County _____
 (c) City or town Cherokee. Apt. #10.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Chattanooga, Tenn.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 2nd. 1939
 year 1939 hour _____ minute 1:20 P. M.

21. I hereby certify that I attended the deceased from Nov 1,
1939, to Nov 3, 1939
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial reorganization
 Duration _____

Due to chronic arteriosclerosis
nephritis

Due to 131

Other conditions _____
 (include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence no

(c) Where did injury occur? no
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. Mucken (M. D. or other) _____

Address Professional Bldg Date signed 11-3-39

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Dr. Mackey
Phone 263002
In at 11: A.M.

Page 10: over to 5

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 C. H. Wise
Licensed Embalmer No. 2570
P. O. Address 918 Broad Blv

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, above space should be left blank.