

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

State File No. 1199
Registrar's No. 184

Registration District No. 399 Primary Registration District No. _____

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether _____)
 In this community Life
years, months or days

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. 1318 Lawndale
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME THOMAS COOK 200
 3. (b) If veteran, name war No
 3. (c) Social Security No. 491-09-0019

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 12th
19 year. 1940 hour 12 minute 30 P. M.

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Grace Cook 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased apr 21st 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-5-, 1940, to 1-12-40, 1940;
 that I last saw him alive on 1-12-40, 1940,
 and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 8 Days 21 If less than one day
 hr. _____ min. _____

Immediate cause of death _____
Acute pulmonary edema and congestion

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

Due to Multiple right pulmonary infarcts

10. Usual occupation Auto. Mechanic

Due to Acute and chronic Rheumatic valvulitis with auricular thrombi

11. Industry or business Self

Other conditions Terminal acute dilatation of heart
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Joseph Cook
 13. Birthplace Holden Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____

MOTHER FATHER { 14. Maiden name Elizabeth Nay
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Of autopsy See above

16. (a) Informant's own signature Mrs Grace Cook
 (b) Address 1318 Lawndale

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Greenlaw

While at work? _____ (Specify type of place)
 (e) Means of injury _____

18. (a) Signature of funeral director Quincy Thomas
 (b) Address 10 W. Newwood

23. Signature A. J. De Maria MD M. D. or other _____
 Address Supt. K.C. Gen. Hospital Date signed 1-15-40

19. (a) Jan. 15, 1940 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.