

FILED MAY 15 1940
70399

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **1681**

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:
St. Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
In this community 12 Days (Specify whether years, months or days)

8. (a) PRINT FULL NAME J. Frank Cook 2ND

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Mattie M Cook 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 31 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pressman

11. Industry or business _____

MOTHER FATHER
12. Name Henry R. Cook
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Sarah A. Nichols
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. Allen Cook
(b) Address 627 E. 70

17. (a) Burial (b) Date thereof April 21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 4-21-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton
(c) City or town Gower
(If outside city or town limits, write "RURAL")
(d) Street No. Gower (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1940 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1940, to April 19, 1940
that I last saw him alive on April 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertensive cardio
vascular disease
acute cardiac
decompensation
Duration 2 yrs.
1 mo.

Other conditions (include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

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 C. M. Vincent (M. D. or other)
Address 500 Arroyo Blvd Date signed 4/21/40

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

0-12-3

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 _____ *Chad Wickes*

Licensed Embalmer No. *2644*

P. O. Address *1800 Pinwood*

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.