

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30
Registrar's No. 14

MAY 16 1940
Registration District No. 614

Primary Registration District No. 4555

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Granby
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Clyde Cook 200
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Sebastian Cook
18. Birthplace Akansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Baitow
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sebastian Cook
(b) Address Granby Mo.

17. (a) Granby (b) Date thereof April 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Homey Ruby
(b) Address Granby Mo

19. (a) 4-25-40 (b) R. E. Ralano
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 24th
year 1940 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from Apr. 20, 1940, to Apr. 24, 1940
that I last saw him alive on Apr 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B
Duration 4 or 5 yrs
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

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(Specify type of place) While at work? _____ (c) Means of injury _____
28. Signature R. E. Ralano (M. D. or other) _____
Address Granby Mo Date signed 4-25-40

RECEIVED

District Health Officer No. 6,

District File Number 540-1317

Date Filed MAY 14 1940

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.....

Gordon Bennett

Registered Apprentice No. 250

working under my personal supervision.

Signed.....

G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Casselle

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.