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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20912

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2529

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution St. Luke's Hospital  
(d) Length of stay: In hospital or institution 12 Days  
In this community 12 Days  
(Charles Warren Cook)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Miami  
(c) City or town Oswatomie  
(d) Street No. 228 Brown  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mr. Charles W. Cook  
(b) If veteran, name war No  
(c) Social Security No. 702-18-4410

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 21st  
year 1940 hour 3 minute 20 A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Marguerite Cook  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Nov. 24, 1868

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on June 20, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Suppurative Bronchitis  
Pneumonia

8. AGE: Years 71 Months 6 Days 27 If less than one day hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Zanesville, Wisconsin

Other conditions Coronary Arteriosclerosis

10. Usual occupation Engineer  
11. Industry or business Missouri Pacific

MOTHER FATHER  
12. Name John Warren Cook  
13. Birthplace Indiana  
14. Maiden name Sarah Bates  
15. Birthplace Wisconsin

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marguerite Cook  
(b) Address Oswatomie, Kansas

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence June 21-1940

17. (a) Burial (b) Date thereof June 21, 1940  
(c) Place: burial or cremation Oswatomie, Kansas

(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director D. H. Newcomer's Son  
(b) Address 1401 Brush Creek Blvd.

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) June 21, 1940 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

23. Signature W. J. O'Connell (M. D. or other)  
Address 1536 1/2 West 11th St. Mo Date signed June 21, 1940

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

mc

*W. J. Newcomer*

**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 *W. J. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address *H. O. Mo.*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2529

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(c) Name of hospital or institution: St. Luke's Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 71 Years Months Days If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address 6/21/40 M.M. Brown

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.

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

Immediate cause of death: Myocardial Infarction, Acute  
with its Disease  
Chr Brights Disease  
Due to..... 131

Due to.....  
Other conditions: Coronary Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

Duration  
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?

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

23. Signature..... (M. D. or other)

Address..... Date signed.....

SUPPLEMENTARY

S-20912