

No. 2
4-13-40
5-17-39
I X23159

SEP 16 1940 85
Registration District No. 1001

Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether in)
In this community 200
years, months or days

3. (a) PRINT FULL NAME Christopher C. Cook
3. (b) If veteran, name war —
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Widowed Unknown
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Est. 88 ? ? hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER { 12. Name Unknown
13. Birthplace ?
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Unknown
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Edwards
(b) Address R.R. #2, Eagleville MO.

17. (a) removal (b) Date thereof Aug 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bredgeway Hill

18. (a) Signature of funeral director St Joseph
(b) Address St Joseph MO

19. (a) 8/24/40 (b) St Joseph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Eagleville MO
(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.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1940 hour 5:50 minute P.M.
21. I hereby certify that I attended the deceased from Aug 10, 1940, to Aug 24, 1940,
that I last saw him alive on Aug 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerotic Heart Disease
Due to: General Arteriosclerosis & Hypertension
Due to: Senility
Other conditions (Include pregnancy within 3 months of death) no

Duration
?
?
?
Underline the cause to which death should be charged statistically.

PHYSICIAN
Major findings:
Of operations
Of autopsy Arteriosclerotic Heart, General Arteriosclerosis

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?
65 (Specify type of place)
While at work? (e) Means of injury
23. Signature Herbert C. Bennett on Dr. O'Dell
(M. D. or other)
Address Hospital #2 Date signed 8-24-40

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.....

Joseph Roy Stamey

Licensed Embalmer No. *24351*

P. O. Address: *St. Joseph Ill.*

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, fact should be so stated above.