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K23159

NOV 20 1940 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 68

1. PLACE OF DEATH:  
 (a) County Lawrence  
 (b) City or town Aurora  
 (c) Name of hospital or institution:  
420 West College St 3  
 (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)

3. (a) PRINT FULL NAME Ellen Dorcas Cook  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Harold J. Cook  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 20, 1911  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
29 3 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James J. Reynaud  
 13. Birthplace Piedmont Valley, Italy  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Susan Courdin  
 15. Birthplace Uruguay, South America  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ted Walton  
 (b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 10-31-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waldensian

18. (a) Signature of funeral director Callaway  
 (b) Address Monett, Mo.

19. (a) 10/31/40 (b) H. D. Cowan M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cooper  
 (c) City or town Boonville  
 (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 October day 29  
 year 1940 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from July  
1940 to October 28, 1940;  
 that I last saw her alive on October 28, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lupus Erythematosus disseminatus  
 Duration Not known

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations None  
 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?  
Callaway (Specify type of place)  
 While at work? (e) Means of injury \_\_\_\_\_

23. Signature Fred A. Margoul (M. D. or other) M.D.  
 Address Monett, Mo. Date signed 10-30-40

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

MAR 17 1950  
RECEIVED

District Health Officer No. 6,

District File Number 1140-2811

Date Filed NOV 6 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.....

*J. D. Buchanan*  
.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed *J. D. Buchanan*  
.....

Licensed Embalmer No. 3179

P. O. Address Mount Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**