No. 2
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1174

Registration District No. 394 Primary Registration District No. 1002 Registrar's No. 134

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

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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2612 E 7 street 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME Charles Cook

3. (b) If veteran, name war No

3. (c) Social Security No. 486-055948

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Laura Bell Cook

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May (Month) 27 (Day) 1876 (Year)

8. AGE: Years 64 Months 7 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name Leonard Cook
13. Birthplace (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Laura Bell Cook
(b) Address 2612 E 7

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) Jan 10 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 1941 hour 3-25 minute P M.

21. I hereby certify that I attended the deceased from 12/16 1940 to 1/8 1941 that I last saw h. alive on 1/8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 B

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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature D. R. Russell (M. D. or other)
Address 3221 E 11 Date signed 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

NIC

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address K. C. Mo

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

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