

Registration District No. 79

Primary Registration District No. 4047

Registrar's No. 4

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Sturgeon  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Boone 10  
(c) City or town STURGEON  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ernie Cook  
(b) If veteran, ✓ name war \_\_\_\_\_ (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 28  
year 1941 hour 5 minute 30P M.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: unknown 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to Jan 28 1941 that I last saw her alive on Jan 27 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months Not known Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Acute Congestive Dropsy  
Due to Mitral Insufficiency 340

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

Other conditions: None  
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

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

11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernie Cook  
(b) Address Mobile Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan 28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sturgeon Cemetery

While at work? ✓ (Specify type of place) \_\_\_\_\_ (c) Means of injury ✓  
23. Signature W. R. M. Lewis (M. D. or other) D  
Address Sturgeon Mo Date signed 1-29-41

18. (a) Signature of funeral director Baines & Booth  
(b) Address Sturgeon Mo.  
19. (a) Jan 29-1941 (b) W. R. M. Lewis  
Date received local registrar (Registrar's signature)

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

APR 7 1958

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**