

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 78

Primary Registration District No. 5115B

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone Co
(b) City or town Rocheport Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Wilfred E Cook

8. (b) If veteran, name was NO 8. (c) Social Security No. 489-16-2306

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Abbie Cook 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Feb 24th 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business "

MOTHER FATHER
12. Name James T Cook
13. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Maggie H. Cook
15. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Abbie Cook
(b) Address Rocheport MO R.

17. (a) Burial (b) Date thereof Feb 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Sem

18. (c) Signature of funeral director R. D. Wrenn
(b) Address Columbia Mo

19. (a) 2-15-1941 (b) Mary M Angell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 1941 hour 9 minute 15 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 _____ Duration _____

Due to Mites Regurgitation

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
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 February 11th 1941

(c) Where did injury occur? His home Boone MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes at home on farm
(Specify type of place) (e) Means of injury _____

While at work? NO
23. Signature Movin Madam (M.D. or other) _____
Address Columbia MO Date signed 2/12/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

R. W. Green

Licensed Embalmer No.....

3183

P. O. Address.....

Columbia

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.