

FILED MAR 14 1941

Registration District No. 279

Primary Registration District No. 4132

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Bunceton
(If outside city or town limits, write "RURAL" and name of township)
(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 life years, months or days

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur Cook 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased December 25 1862
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>78</u> | <u>1</u> | <u>25</u> | hr. _____ min. _____ |

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Hickerson
18. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Melba Shoemaker
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mahul Edwards
(b) Address Bunceton, Mo.

17. (a) Burial (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Lebanon Cem.

18. (a) Signature of funeral director W. G. Carter
(b) Address Bunceton, Mo.

19. (a) 2-20-41 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper
(c) City or town Bunceton
(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.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 22nd 1941 to Feb 19th 1941
that I last saw him alive on Feb 19th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 year

Due to _____
Due to _____

Other conditions: Broken right leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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) 1-22-41

(b) Date of occurrence _____

(c) Where did injury occur? at the home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes in home
While at work? No (Specify type of place) (e) Means of injury fall

23. Signature W. G. Carter (M. D. or other) _____
Address Bunceton Date signed 2-20-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-71

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.....
myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. G. Parker*
Licensed Embalmer No. *2547*
P. O. Address: *Burleston W. Va.*

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.