

FILLED **APP 29 1941 266**

Primary Registration District No. **4164**

Registrar's No. **26**

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
XX  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether  
all his life)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME James Donald Cooksey

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Sept 22 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>5</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation XX Infant

11. Industry or business XX

12. Name Homer Cooksey

13. Birthplace Dent Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Fern Thompaon

15. Birthplace Hardage Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant cray loring  
(b) Address Salem MO

17. (a) burial (b) Date thereof 3/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cooksey Home

18. (a) Signature of funeral director Carl H. Hem  
(b) Address Salem MO

19. (a) Mar 9 1941 (b) A. E. Smith M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Salem  
(If outside city or town limits, write "RURAL")

(d) Street No. XX (If rural, give location)

(e) If foreign born, how long in U. S. A.? XX years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 5  
1941, to March 8, 1941;  
that I last saw him alive on March 7, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchial Pneumonia

Due to Influenza

Due to 377

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
8 days  
8 days

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?  
240  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature A. E. Smith M.D. (M. D. or other) MD.  
Address Salem Missouri Date signed 3-9-41

RECEIVED

District Health Officer No. 5,

Date of Issue Number 441516

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

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, Mo

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, fact should be so stated above.