

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs 2 mos
(Specify whether years, months or days)

In this community 12 days

3. (a) PRINT FULL NAME EARL Jessie Cook

3. (b) If veteran, name war _____

3. (c) Social Security No. 201-1-11111

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife D.K.

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

7. Birth date of deceased April 17 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>1</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Charles Cook

13. Birthplace D.K.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Bingham

15. Birthplace Greenville, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address State Hospital # 1, Fulton

17. (a) State Records (b) Date thereof 6 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem, Missouri

18. (a) Signature of funeral director Harman Blumel

(b) Address Harman mo

19. (a) 6-9-41 (b) R-N. Creve
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town D.K.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 6, 1941, to June 8, 1941;

that I last saw him alive on June 8, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? NO

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Katherine Shirley (M. D. or other) M.D.

Address State Hospital # 1 Fulton Date signed 6-9-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

August Thunee
.....
Licensed Embalmer No. *3160*

P. O. Address..... *Herrmann Hill*

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.