

No. 2-1-4-41
5-17-39
I X283

AUG 25 1941
Registration District No. 294

Primary Registration District No. 4178

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town St. Clair 036
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mattie Cook

3. (b) If veteran, name war no

3. (c) Social Security No. comp

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th
year 1941 hour 8 minute 10P. M.

4. Sex female 5. Color or race W

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

(b) Name of husband or wife Louis H. Cook

6. (c) Age of husband or wife if alive 28 years

21. I hereby certify that I attended the deceased from July 30 1941 to Aug 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased: Mo - 4 - 28
(Month) (Day) (Year)

8. AGE: 80 years 8 months 8 days
If less than one day _____ hr. _____ min.

Due to acute obstruction of Colon
6 days

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

10. Usual occupation Keeping House

Due to Abnormal Contents

Other conditions (include pregnancy within 3 months of death) 12 1/2 1/2

MOTHER FATHER

12. Name Mrs Ferguson

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

14. Maiden name Went-Know

15. Birthplace Went-Know
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lourence W. Coon

(b) Address 1230 Oakley St. St. Louis Mo

17. (a) Date thereof 8-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Cemetery

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? _____

18. (a) Signature of funeral director Wm. H. Mitchell

(b) Address St. Clair Mo.

19. (a) Aug 9, 1941 (b) M. D. Duckworth
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____

23. Signature W. E. Mitchell (M. D. or other) 8/11

Address St. Clair Mo Date signed 7/4

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

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..... *Bernard Mitchell*

Licensed Embalmer No..... *3873*

P. O. Address..... *St. Clair, 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.