

FILED NOV 29 1941 30

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38606

State File No. \_\_\_\_\_

Registrar's No. 430

Registration District No. 5585

Primary Registration District No. 4256

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Leeton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 yrs - \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Howard Russell Cook

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 19 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 26 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name John H. Cook

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

14. Maiden name Elizabeth Jackson

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

16. (a) Informant Mrs. R. Cook

(b) Address Leeton, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Creek

18. (a) Signature of funeral director R.A. Braunniger

(b) Address Leeton, Mo.

19. (a) Nov 7 1941 (b) Conrad Reynolds  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Leeton, Mo.  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th  
year 1941 hour 11:30 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 2  
1941 to Nov 5 1941;  
that I last saw him alive on Nov 5 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia of Larynx Duration 5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions H7a  
(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 \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature R. W. Stur (M. D. or other) 2192

Address Leeton, Mo. Date signed 11/6/41

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

7  
0  
0

NOV 29 1941

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**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. A. Brauning  
Licensed Embalmer No. 3377  
P. O. Address Lecton, Md.

**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.**