

JAN 13 1942

Registration District No. 2

Primary Registration District No. 205

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ANDREW
(b) City or town RURAL - JEFFERSON
(c) Name of hospital or institution: RFD #2 - ST-JOSEPH - MO -
(d) Length of stay: In hospital or institution 3-YEARS
In this community 3-YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew
(c) City or town RURAL - St Joseph
(d) Street No. RFD #2, St Joseph MO
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME BESSIE COOK

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

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Cook 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 10 1887

8. AGE: Years 54 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Andrew Co MO

10. Usual occupation at home

11. Industry or business _____

12. Name Wm. Deenwidie's

13. Birthplace Wm. 9

14. Maiden name Wm. 9

15. Birthplace Wm. 9

16. (a) Informant Roy H. Cook

(b) Address St Joseph, Mo

17. (a) burial (b) Date thereof Dec 4 1941

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph, MO

19. (a) Dec 3-41 (Date received local registrar) J. W. Halverson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-30-41 to 11-30-41 that I last saw her alive on 11-30-41 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Degeneration

Due to Lobar pneumonia

Due to _____

Other conditions None

Major findings: Of operations none Of autopsy normal

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? _____ (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 OV

23. Signature E. L. Johnson (M. D. or other) MD. Address 2015 Maline Date signed 12-3-41

Duration 1 week
From Highway
Due to Swing
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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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~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert Roy Stoney

Licensed Embalmer No.

2435

P. O. Address.....

St. Joseph Me

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.