

V. S. No. 2
M-11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 20 1942

Registration District No. 426

Primary Registration District No. 4252

Registrar's No. 1

37
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

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

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

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

In this community 27 years
years, months or days

3. (a) PRINT FULL NAME Orba Lee Cook

8. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lettie Cook

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. 13, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Funeral Director

11. Industry or business Undertaking, & Furniture

MOTHER FATHER

12. Name: George Cook

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

14. Maiden name: Alice King

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

16. (a) Informant J. W. Cook

(b) Address Chilhowee, Missouri

17. (a) Burial (b) Date thereof Mar. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Missouri

19. (a) 3/17/42 (b) Mar. A. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Chilhowee
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from Did not attend him, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Due to _____

Due to _____

Other conditions Arterial Sclerosis.
(Includes pregnancy within 3 months of death)

Major findings:
Of operations 928
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? _____

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

23. Signature [Signature] (Date of death) 3-12-42
Address _____ Date signed _____

Physician

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 8,

File Number

Filed 3-18-42

MAR 26 1942

MAR 26 1942

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.....

Carl Priest

Registered Apprentice No.....

working under my personal supervision.

Signed Carl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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, above space should be left blank.