

FILED APR 31 1942

Registration District No.

Primary Registration District No. 2001

Registrar's No. 209

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
039
2
6

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pythian Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years 5**
(Specify whether years, months or days)
In this community **6 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 039**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **Pythian Home of Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JOHN HAMILTON COOK**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive, deceased **deceased**

7. Birth date of deceased **February 12, 1860**
(Month) (Day) (Year)

8. AGE: Years **82** Months **I** Days **4** If less than one day, hr. min

9. Birthplace **Liverpool England 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **none**

12. Name **No record**

13. Birthplace **No record Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **No record, unknown**

15. Birthplace **No record Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **E.A. Gay**

(b) Address **Pythian Home Spfd., Mo.**

17. (a) **Burial** (b) Date thereof **3/18/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **Thieme**

(b) Address **Springfield, Mo**

19. (a) **3-18-42** (b) **Dr W E Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16th**
year **1942** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **several years** 19 to **March 15, 1942**
that I last saw him alive on **March 15, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Fibrosclerosis** Duration **2 yrs**

Due to **Chronic Heart Disease**
" Myocarditis

Due to
Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations **93d**
Of autopsy **No**

Duration

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 **William R. Beaty** (M. D. or other)
Address **70 Med. Art Bldg.** Date signed

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.....

Licensed Embalmer No. 3681

P. O. Address..... Spfd. 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.