

FILED MAY 20 1942

Registration District No. 12

Primary Registration District No. 5111

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia Twp  
(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  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Boone  
(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 STELLA COOK

3. (b) If veteran,  name war.....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4<sup>th</sup> or 5<sup>th</sup>  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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 Nov 10 1874  
(Month) (Day) (Year)

Immediate cause of death.....  
Pulmonary Hemorrhage

Due to.....

Due to Old Tuberc

8. AGE: Years Months Days If less than one day

67 4 25 hr. min.

9. Birthplace CENTRALIA TWP BOONE CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Stock raising

12. Name Richard Cook

13. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary B. Russell

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

16. (a) Informant W. B. S. Cook

(b) Address Coriell Ave Mo

17. (a) Burial (b) Date thereof 4-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Church

18. (a) Signature of funeral director M. M. Cook

(b) Address Centralia Mo

19. (a) 4/9-1942 (b) Chas. D. Wright  
(Date received local registrar) (Registrar's signature)

Other conditions.....  
(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 Miss Susan (b) None  
Address Boone Mo (date signed) 4/8/42

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

MOTHER FATHER

SEP 18 1942

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

Signed *M. J. ...*  
Licensed Embalmer No. *2589*  
P. O. Address *Centerville 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.