

Registration District No. 4172 Primary Registration District No. 4172

35
2
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(c) Name of hospital or institution: Presnell 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all the life
In this community all the life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lais Edith Cook
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2 year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 5-17-42 to 7-2-42
that I last saw her alive on 7-2-42 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Myocardial infarction
Hypertension

7. Birth date of deceased Oct 29 1919
(Month) (Day) (Year)
8. AGE: Years 22 Months 8 Days 3 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Harrisonville Mo
(City, town, or county) (State or foreign country)
10. Usual occupation clerk

Major findings: acute myocardial infarction
5-18-42 Cholesterol Dept 9 ovary
Of autopsy _____

11. Industry or business Drugstore
12. Name H.P. Cook
13. Birthplace Harrisonville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lila May Walls
15. Birthplace Harrisonville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant H.P. Cook
(b) Address Kennett Mo

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 H.P. Cook (M. D. or other) Full
Address Kennett, Mo Date signed 7-2-42

17. (a) Burial (b) Date thereof 7-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem
18. (a) Signature of funeral director John W. ...
(b) Address Kennett Mo
19. (a) 7-4-42 (b) John B. ...
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2

District File Number 842-940

Date Filed 8-4-42

60-11-2
P 5-7
34-2-9
must be
insert

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

Walter C. Hawkins

Licensed Embalmer No. 2002

P. O. Address Ken nett 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.