

Registration District No. 274240 Primary Registration District No. 40634358 Registrar's No. 29

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Falcons, Missouri
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

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

3. (a) PRINT FULL NAME MAJOR. COOK
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1942 hour 6 minute AM

4. Sex Male 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 7 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-25-1942 to same, 1942
(That I last saw him alive on 6-25-1942
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years 87 Months 8 Days 26 If less than one day
.....hr.min.

Due to Hypertensive Heart Disease & Decompensation 6 mos.
Due to Chronic nephritis 1.0 mos.

9. Birthplace Alabama
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

MOTHER FATHER { 12. Name Willis Cook
13. Birthplace Alabama
(City, town, or county) (State or foreign country)

{ 14. Maiden name Bessie Sims
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Sims
(b) Address Falcons, Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date there July 5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

18. (a) Signature of funeral director Samuel J. Parson
(b) Address Madison, Mo

(Specify type of place)
While at work?..... (c) Means of injury.....

19. (a) 7/15/42 (b) Miss J. J. Parson
(Date received local registrar) (Registrar's signature)

23. Signature W. A. Fernald (M. D. or member).....
Address 204 S. Grand St. Charleston, Mo. 70452

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

RECEIVED

District Health Office No. 2

District File Number 842-1009

Date Filed 8-10-42

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

Gene Jamison

Licensed Embalmer No.

4278

P. O. Address

Malden, 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.