

FILED NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

48  
8308

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-30-42-10-15-42  
(Specify whether)

In this community unk  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 1/2 E. 18  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME SUSIE COOK

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife unk

6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased: (Month) (Day) (Year)

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

about 84 hr. min.

9. Birthplace Lawrence County Miss. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Edmond Moody

13. Birthplace Miss. /  
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace 11 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 10-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady Funeral Home

(b) Address 1708 Tracy

19. (a) 10-28-42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15  
year 1942 hour 1 minute 40 p.m.

21. I hereby certify that I attended the deceased from September 30 1942 to October 15 1942  
that I last saw her alive on October 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to Arteriosclerotic type heart disease with decompensation

Due to 935

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature [Signature] (M. D. or other)

Address Gen. Hosp #2-60622 Date signed 10-17-42

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**