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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV. 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32667

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3845

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: Street Car 310th. Charlotte
(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)
In this community 39 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 627 E. 70th.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Willis Allen Cook

3. (b) If veteran, name war No.

3. (c) Social Security No. 487-07-2485

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Norma Cook

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Febr. (Month) 28 (Day) 1902 (Year)

8. AGE: Years 40 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation Equitable Ins. Co.

11. Industry or business

FATHER
12. Name J. Frank Cook
13. Birthplace Beverly (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mattie M. Allen
15. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Norma Cook
(b) Address 627 E. 70th. K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 42 hour 3:10 P. minute M.

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

	Duration
Immediate cause of death: Acute Coronary Thrombosis	
Due to: Angina	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Not done	

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

23. Signature (M. D. or other) Date signed 10/18/42
Address

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wicks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.