

S. No. 2  
DM-542  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1027

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 195

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, J  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether

In this community 35 years, (Specify whether  
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. 3327 Michigan,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Elizabeth Margaret Cooke,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Otto William Cooke, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased July 6 1872.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70<del>09</del></u>	<u>6</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Unknown,

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

14. Maiden name Unknown,

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

16. (a) Informant E. L. Cooke,

(b) Address 4220 Woodland, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-14-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th  
year 1943 hour 8:00 minute a. M.

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

Immediate cause of death burn of lower body, and extremities  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 181-15  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 123

(b) Date of occurrence Jan. 13, 1943

(c) Where did injury occur Kan. City Jackson Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None - clothes caught fire from stove

While at work No (Specify type of place) (a) Means of injury Burns

23. Signature C. E. Hatcher (M. D. or other) M. A.  
Address 2312 McCoy Date signed 1/14/43

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

MOTHER FATHER

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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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 74. C 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.**