

FILED MAR 11 1943

Registration District No. 2

Primary Registration District No. 3008

Registrar's No. 49

1. PLACE OF DEATH:

(a) County... *Callaway*

(b) City or town... *Fulton Rural*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... *Callaway Hospital*  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution... *5th & 3 days*  
(Specify whether)

In this community...  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... *Missouri* (b) County... *Callaway*

(c) City or town... *(Fulton) Rural*  
(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 *Thomas F. Cook*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. *None*

4. Sex *Male* 5. Color *2 Negro* 6. (a) Single, widowed, married, divorced *2 Widowed*

5. (b) Name of husband or wife *Queen Victoria* 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased *mar 28 1855*  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <i>87</i> | <i>10</i> | <i>14</i> | hr. min.             |

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

10. Usual occupation *Retired Farmer*

11. Industry or business *Jack Cook*

12. Name *Jack Cook*

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

14. Maiden name *Dr.*

15. Birthplace *D.K. Lee*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Zelma Cook Lee*

(b) Address *810 Walnut St. Fulton, Mo*

17. (a) *Burial* (b) Date thereof *Feb 15 43*  
(Place, burial or cremation) (Month) (Day) (Year)

18. (a) Signature of funeral director *E. L. Bell*

(b) Address *Fulton, Mo*

19. (a) *Feb 15 - 43* (b) *Josie Morris Klotz*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb.* day *12*  
year *1943* hour *20* minute *15 P.* M.

21. I hereby certify that I attended the deceased from *Jan 6 1943*  
to *Feb 12 1943*  
that I last saw him alive on *Feb 12 1943*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Cardiac insufficiency 2 weeks*  
*Rheumatoid arthritis - Sept*  
*Alany febrile*  
Due to *Senility*

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

Major findings: *932*  
Of operations \_\_\_\_\_

Of autopsy *no*

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? *A. J. Hall*  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature *A. J. Hall* (M. D. or not) \_\_\_\_\_  
Address *Fulton Mo* Date signed *2/14/43*

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

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

**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.....

*Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address.....

*Fulton, 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.**