

No. 2  
5-17-43

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13691

State File No. ....

FILED MAY 6 1943

Registration District No. 41

Primary Registration District No. 4052

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town Agency  
(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 0

3. (a) PRINT FULL NAME BERTHA COOKE

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

4. Sex F 5. Color or face W 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife George W Cooke 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Sept 16 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Buchanan Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Christian 14 office

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

14. Maiden name Margaret Zimmerman

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

16. (a) Informant Margaret Cook

(b) Address Agency Mo

17. (a) Burial (b) Date thereof April 17 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency Cemetery

18. (a) Signature of funeral director H. A. Sullivan

(b) Address Howay, Missouri

19. (a) 4/23/43 (b) April 23 1943  
(Date received local Registrar) (Registrar's signature)

1227 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan-41 1941 to April 15 1943  
that I last saw him alive on 4-12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage heart disease

Due to ?  
Due to ?

Other conditions Disturbance of nervous system  
(Include pregnancy within 3 months of death)

Major findings: Of operations 920  
Of autopsy

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)..... (e) Means of injury.....

23. Signature W. C. Cook M.D. (M. D. or other) 0  
Address St. Joseph Mo Date signed 4/17/43

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

MAY 11 1943

**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. 1738  
working under my personal supervision.

Signed W. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Lawyer 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.**