V. S. No. 2
50M—5-42
Rev. 5-17-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14754

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: McLaney Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town New Cambria (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. 5 miles north of New Cambria (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME JOHN WESLEY COOK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Josephine Cook

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February (Month) 17 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	15	— hr. — min.

9. Birthplace New Cambria (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name Samuel Cook.
13. Birthplace — (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lydia Howard
15. Birthplace — (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Roy Cook.

(b) Address New Cambria Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 4 (Day) 1943 (Year)

(c) Place: burial ~~or cremation~~ White Oak Cemetery

18. (a) Signature of funeral director J. E. Gilleland & Son

(b) Address New Cambria, Mo.

19. (a) 4-9-1943 (Date received local registrar) (b) H H Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2nd year 1943 hour 9 minute 15 p M.

21. I hereby certify that I attended the deceased from 4/2 1943 to 4/2 1943 that I last saw him alive on 4/2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	30 min
Due to Shock from Burn	
Due to involving 1/2 to 2/3 body	6 hrs.
Other conditions 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy 0	

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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) Accident 061

(b) Date of occurrence 4/2/43

(c) Where did injury occur? Near New Cali (City or town) Macon Co (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm (Specify type of place)

While at work? Yes (e) Means of injury Burn

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

Address Brookfield, Mo Date signed 4/2/43

(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~~ H. F. Gilliland, Registered Apprentice No. ——, working under my personal supervision.

Signed H. F. Gilliland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.