

FILED JUN 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2057

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3021 Harrison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 1 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3021 Harrison St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James H. COOK Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. 490-09-1781

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Cook. 6. (c) Age of husband or wife if all 36 5 5 years
7. Birth date of deceased November 16th 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation North American Bomber Plant

MOTHER FATHER
Cook
11. (a) Name of father James H. Cook

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

14. Maiden name Josephine Ruble

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

16. (a) Informant Chester W. Cook (Brother)

(b) Address Independence Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo

19. (a) 5-3-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Ann 1943 to _____ 19_____

that I last saw him _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of the heart
acute pulmonary edema

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy See above

Duration
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? _____

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

23. Signature [Signature] (M.D. or other) _____
Address [Signature] Date signed 5/20/43

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.....

Russell W France

Licensed Embalmer No.....

4255

P. O. Address.....

KC 7MO

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo

State File No. _____

County of Jackson Mo.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2057

On this 10th day of June, 1943, before me appears _____

Chester H. Cook, who, upon his oath, states that the original record of birth

for James H. Cook, died May 2, 1943, in the State of death

Missouri, and which was filed at KB on 5-3, 1943 should be corrected as follows:

Item No. 62 should read 36 Yrs

Instead of _____ 35 Yrs

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Chester H. Cook, Brother
Affiant Relationship.

317 N. Union St.
Present Address Indep. Mo.

Subscribed and sworn to before me this 10 day of June, 1943

My Commission expires 5-3-1944 Sham Whaler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson

State File No. _____
Local Registrar's No. 2057

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of June, 1943, before me appears Mrs. James H. Cook, who, upon her oath, states that the original record of ^{birth} death for ~~James H. Cook~~ James H. Cook died born May 2, 1943 in the State of Missouri, and which was filed at Kennett City, Mo. on May 3, 1943, should be corrected as follows:

Item No. 3 should read James H. Cook
Instead of _____
James H. Cook, Sr.

Item No. _____ should read James D. Cook
Instead of Father's name _____
James H. Cook

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Mrs. J. H. Cook wife Relationship. _____

3021 Hannasin
Present Address. _____

Subscribed and sworn to before me this 11th day of June, 1943

My Commission expires 5-3-1944 Dorothy Whalen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.