

FILED JUN 7 1943
Registration District No. _____

Primary Registration District No. 1002

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

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 44 years years, months or days)

3. (a) PRINT FULL NAME Ralph Irwin Cook

3. (b) If veteran, name war No 3. (c) Social Security No. 486-10-2268

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

6. (b) Name of husband or wife Stella Cook 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January 18th, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>4</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business K.C. Power & Light Co.

MOTHER FATHER { 12. Name James Cook

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

{ 14. Maiden name Elizabeth Jane Fitch

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

16. (a) Informant Mrs. Stella Cook

(b) Address 6504 Independence Ave.

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

(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 5/31/1943 (b) M. M. Crowe
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6504 Independence Ave. 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar 12 1943 to May 28 1943
that I last saw him alive on May 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion with myocardial infarction 4 mos
Duration

Due to Coronary sclerosis 6 mos
Duration

Due to g4a

Other conditions g4a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Neil H. Drust (M. D. or other) _____
Address 1060 14th St K.C. Mo Date signed 5/29/43

Dr. Brust,
K.C. Power & Light

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.....
..... Licensed Embalmer No.....
..... P. O. Address.....

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.