S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18039

State File No.

FILED MAY 27 1943

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 58

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Little Blue~~ Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Grandview 0
(If outside city or town limits, write "RURAL")

(d) Street No. grandview
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Cooksey, Mrs. Blanche

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased April (Month) 25 (Day) 1883 (Year)

8. AGE: Years 60 Months Days 20 If less than one day hr. min.

9. Birthplace Exter, Nebraska (City, town, or county) 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Oliver P. Chapman
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Owens
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Willard Cooksey
(b) Address U.S. Navy Olathe, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation FORREST HILL CEMETERY

18. (a) Signature of funeral director C. K. George & Sons
(b) Address Grandview, Mo.

19. (a) May 15, 1943 (Date received local registrar) (b) F. M. Schicks by Effie Schicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from 5/12/43 19 to 5/15/43 19
that I last saw her alive on 5/14-43 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to: Hypertension	10 1/20
Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. B. Varley M.D. (M. D. or other)

Address Co. E. Hvap Date signed 5/16-43

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.