

FILED SEP 21 1943 149

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lake Side Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution 8-16-8-26-43
(Specify whether
In this community 9 Mo
years, months or days)

3. (a) PRINT FULL NAME CORA COOK

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife A.M. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Mar 16 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>63</u>	<u>5</u>	<u>10</u>
				hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Wm. J Gill
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Albie Chapman
15. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant A.M. Cook

(b) Address 2823 Bales

17. (a) Burial (b) Date thereof Aug 28 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Helen Roe

(b) Address 7406 Wornall Rd

19. (a) 8-30-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2823 Bales
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26
year 1943 hour 10 minute - P.M.

21. I hereby certify that I attended the deceased from 8-16
....., 1943, to 8-26, 1943

that I last saw her alive on 8-26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with failing compensation Duration

Due to Arteriosclerosis & hypertension
Due to 93d

Other conditions severe secondary anemia & obesity
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?

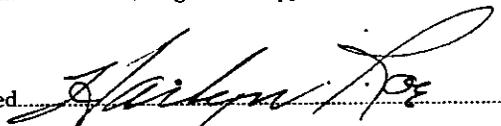
While at work? (Specify type of place)..... (e) Means of injury.....

23. Signature C. Blinn Rector (Name or other) D.O.
Address 7204 Prospect Date signed 8-27-43

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.....2810.....

P. O. Address.....K. E. ...

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.