

FILED JAN 12 1944

Primary Registration District No. 6243

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Virginia M. Cook

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased aug 11 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 3 hr. _____ min.

9. Birthplace Front Hill MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Otto Cook

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

14. Maiden name Mary Sewer

15. Birthplace Franklin MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Cook

(b) Address Patrol Betty R

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant

18. (a) Signature of funeral director J. L. Sparks

(b) Address Patrol 1006

19. (a) 12-15-1943 (Date received local registrar) (b) Joseph L. Flurna (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1943 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from Dec 12 1943 to Dec 14 1943
that I last saw him alive on Dec 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis following pneumonia
Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 J. L. Sparks M. D. or other _____
Address Patrol MO Date signed 12/24/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 144-3220

Date Filed 1-11-44

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 Everett Sharp

Licensed Embalmer No. 4287

P. O. Address 707 Pine

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.