

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

2
-41
-39
29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2035

FILED JAN 3 1944

State File No. _____

Registration District No. 23

Primary Registration District No. 5116

Registrar's No. 15

1. PLACE OF DEATH:

(a) County BOONE Co. Boone

(b) City or town RURAL - Bourbon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE

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

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

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

3. (a) PRINT FULL NAME SARAH B. COOK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FF

5. Color or race W

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

6. (b) Name of husband or wife GEORGE COOK

6. (c) Age of husband or wife if alive _____ years
22 - 1944
(Month) (Day) (Year)

7. Birth date of deceased _____

8. AGE: Years 69 Months 0 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation N.W.F.

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM I PRATHER

13. Birthplace K3.1
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN BLACKWELL

15. Birthplace K3.1
(City, town, or county) (State or foreign country)

16. (a) Informant George G Cook

(b) Address Clark Mo.

17. (a) Burial (b) Date thereof 12-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perche

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon Mo.

19. (a) 12-21-43 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

1251

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1943 to Dec. 20, 1943
that I last saw her alive on Dec. 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death John Pneumonia
rd. + left lungs

Due to Diabetic Coma

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) 61

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)

(c) Means of injury 2. Do.

23. Signature Dr. J. H. Tomi (M. D. or other) Do.

Address Sturgeon Mo. Date signed 12/24/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JAN 3 1944

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.