S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13610

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1940

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~~: MENORAH HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 1-DAY (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3621-CHARLOTTE STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --- O

3. (a) PRINT FULL NAME MRS. VIOLA SHREWSBURY COOK

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. HARRY S. COOK
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased AUGUST (Month) 12 (Day) 1879 (Year)

8. AGE: Years 64 Months 8 Days 20 If less than one day ___ hr. — min.

9. Birthplace JOHNSTOWN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ---
FATHER
12. Name ALBERT SHREWSBURY
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name SUSAN HIGGINS
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. HARRY S. COOK
(b) Address 3621-CHARLOTTE STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-4-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD
19. (a) 5-3-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2ND year 1944 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 30, 1944, 19__, to May 2, 1944 that I last saw her alive on May 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

A 46

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 J. S. Hoffman M.D. (M. D. or other)
Address 408 Argyle Bldg Date signed 5-3-44
KC Mo

(Licensed Embalmer's Statement on Reverse Side)

408 Argyle Bldg
1-4:30

DEC 11 1953

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.