

Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 95

FILED DEC 11 1944  
33

1. PLACE OF DEATH:

(a) County Carrollton  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1007 N. Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ lifetime (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME

LEWIS COOK

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elizabeth McKinney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 18 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isaac N. Cook  
13. Birthplace Carroll Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Adeline Frazer  
15. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marvin Standley

(b) Address Carrollton Mo.

17. (a) Rural (b) Date thereof 11-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatty Cem.

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo.

19. (a) 11-9-1944 (b) Mrs. James Rafferty  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5  
year 1944 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 1 1944 to Nov 5 1944  
that I last saw him alive on Nov 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute heart failure few  
Due to myocardial insufficiency + minutes  
hyper tension  
Due to old age  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: 92  
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) (c) Means of injury \_\_\_\_\_

23. Signature D. Hamilton Starnes (M. D. or other) \_\_\_\_\_  
Address Law Office, Mo. Date signed Nov 6 1944

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-8-47

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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 Ben W. Gibson  
Licensed Embalmer No. 2961  
P. O. Address Carrollton, Md.

**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.