

Registration District No. **156**

Primary Registration District No. **2001**

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 minutes**
(Specify whether years, months or days)
 In this community **26 years**

3. (a) PRINT FULL NAME **Grover Cleveland Cook**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Elsa Cook**
 6. (c) Age of husband or wife **alive** _____ years
 7. Birth date of deceased **July 2, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	6	20	_____ hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **painter**

11. Industry or business
 12. Name **not known**
 13. Birthplace **not known**
(City, town, or county) (State or foreign country)
 14. Maiden name **not known**
 15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsa Cook**
 (b) Address **R.F.D., Joplin, Missouri**
 17. (a) **removal** (b) Date thereof **1/25/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Illinois**
 18. (a) Signature of funeral director **PARKER-HUNSAKER**
 (b) Address **1502 Joplin, Joplin, Missouri**
 19. (a) **1-25-45** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Newton**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Wild Cat Springs**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **22**
 year **1945** hour **1** minute **30 P.** M.

I hereby certify that I attended the deceased from **Jan 18** to **Jan 22** 19**45**
 that I last saw him alive on **Jan 18** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to **Hypertensive heart disease**
 Due to **Coronary Occlusion**
 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? _____

(Specify type of place) _____
 (e) Means of injury **While at work**
 23. Signature *[Signature]* D. or other _____
 Address **708 Thomas Blvd** Date signed **Jan 25 1945**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

923

1204

45-1-48

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.