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M-8-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9067

FILED APR 6 1945

State File No. _____
Registrar's No. 349

Registration District No. _____ Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
814 So. 15th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 Years
In this community 7 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 814 So. 15th. St.
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME Mary Ann Cook
(b) If veteran, name war None
(c) Social Security No. None
(d) Sex Female
(e) Color or race White
(f) Name of husband or wife George W. Cook
(g) Birth date of deceased December 23 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1945 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from March 20 1945, to March 28 1945
that I last saw her alive on March 27 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 3 5 hr. min.

Immediate cause of death
Coronary Embolism
Due to Atherosclerosis
Duration 3 hours
10 yrs.

9. Birthplace Carbondale Penn.
10. Usual occupation None
11. Industry or business None

Other conditions: Infection of colon relieved by 45 hr
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Wm. R. King
13. Birthplace Wales Scotland
14. Maiden name Unknown
15. Birthplace Wales Scotland

Major findings:
Of operations
Of autopsy
940

16. (a) Informant Mrs M. I. Collins.
(b) Address 814 South 15th St.
17. (a) Removal (b) Date thereof Mar. 29, 1945
(c) Place: burial or cremation: Des Moines, Iowa
18. (a) Signature of funeral director
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 3-28-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Gordon D Wright MD (M.D. or other)
Address 8075-5019 St. Joseph Mo. Date signed 3/28/45

1377

(Licensed Embalmer's Statement on Reverse Side)

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

Keith Collier

Licensed Embalmer No. *3632*

P. O. Address *St Joseph 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.