

S. No. 2
M-542
v. 5-17-39
-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20326

Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **491**

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

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

(c) Name of hospital or institution: **ST. JOHNS HOSP.** (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **MO.** (b) County **GREENE**

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

(d) Street No. **457 CHERRY**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ALONZO COOK.**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **21**
year **1945** hour **1** minute **15 A.M.**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **UNK.**

6. (c) Age of husband or wife if alive **Dec. 9, 1864** years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 19, 1943** to **June 21, 1945**
that I last saw him alive on **June 20, 1945**
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **10** Days **12**
If less than one day hr. _____ min. _____

Immediate cause of death **Coronary Death (Aortic Dissection)** Duration _____

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

Due to **Super public mortastomy**

Due to **ASU**

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

12. Name **James Duncan Cook**

13. Birthplace **UNK. Ky. 1**
(City, town or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **UNK. ?**
(City, town or county) (State or foreign country)

Other conditions **Sensibility & Aulus sclerosis**

Major findings: **Bronch. Hyperstrophy**

Of operations **Mortall 3/21/45**

Of autopsy _____

16. (a) Informant **Gus L. Cook**

(b) Address **Reed Springs Mo**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 24-1945** (Month) (Day) (Year)

(c) Place: burial or cremation **Spokane Mo. Cem.**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **Springfield, Mo**

19. (a) **6-22-45** (Date received local registrar)

(b) **D. W. S. Handley** (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? _____ (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) (e) Means of injury _____

23. Signature **W. Ferrill** (M. D. or other) **Mo.**

Address **Springfield, Mo.** Date signed **6-22-45**

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..... *Ogle Stone Jr.*
Licensed Embalmer No. *4126*
P. O. Address..... *Springfield*

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.