

FILED AUG 20 1945

Registration District No. 2

Primary Registration District No. 3045

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Cypress St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67
(c) City or town Charleston,
(If outside city or town limits, write "RURAL")
(d) Street No. West Cypress St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Louis Cook

3. (b) If veteran, name war -P----- 3. (c) Social Security No. -----

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced N.K.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 27th 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace N.K. (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name N.K. N.K.
13. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)
14. Maiden name Panky Gonges N.K.
15. Birthplace N.K. (City, town, or county) (State or foreign country)

16. (a) Informant Rachel Sanders
(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 5-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston

18. (a) Signature of funeral director [Signature]

(b) Address [Address]
19. (a) 5/11/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 9th day
year 1945 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Attended as Coroner
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart disease 6mo
Duration
Due to Mytrial insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 926 Of autopsy _____
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? MO.
While at work? _____ (Specify type of place) (e) Means of injury 3
22. Signature [Signature] (D. or other) Coroner
Address Charleston Mo Date signed 5/11/45

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

7
1
2

RECEIVED

District Health Office No. 2,

District File Number 845-1036

Date Filed 8-7-45

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 John F. Nunnally Jr
Licensed Embalmer No. 3851
P. O. Address Charleston W

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.