. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

11622

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12717

State File No.

Registration District No. 100 Primary Registration District No. 5390 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Rural-Springcreek Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 49 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent 33

(c) City or town Rural Springcreek Township (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Winford Young Cook.

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-05-8674

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife May Cook.

6. (c) Age of ~~husband~~ or wife if alive 48 years

7. Birth date of deceased Oct (Month) 17 (Day) 1896 (Year)

8. AGE: Years 49 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Dent Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Electrican

11. Industry or business

FATHER
12. Name Lee Cook.
13. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Lottie Nelson.
15. Birthplace Sweeden. (City, town, or county) 4 (State or foreign country)

16. (a) Informant May Cook.
(b) Address Salem. Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-27 46 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Hobson & Grantham
(b) Address Salem. Mo.

19. (a) 3-26-46 (Date received local registrar) (b) M. M. Hart, M.D. by M.E. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1946 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 1946, to 3-24, 1946 that I last saw him alive on 3-24-46, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiogenic Carcinoma — Duration 6 weeks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 47 ✓

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? (Specify type of place)

While at work? Means of injury

23. Signature M. M. Hart M.D. (M. D. or other) M.D.

Address Salem, Mo. Date signed 3/30/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District ... 446311
Date Filed 4.16.46

JUN 17 1946

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 ..... me ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Orcil E Ticklicker

Licensed Embalmer No. 3546

P. O. Address St Jamy 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.