

No. 2
1-2-43
5-17-39
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FILED JUL 8 1946
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State File No. _____
Registrar's No. 44

Registration District No. 172 Primary Registration District No. 4231

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town Mountain View
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Nancy Ellen Cook

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Andrew Cook 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased: Jan 28 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 10 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 1945 to June 4 1946
that I last saw him alive on June 4 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 8 If less than one day
hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Boliver MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William Logan

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elmer boone
(b) Address Mountain view, Mo

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial Mountain View, City Cemetery

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 2

18. (a) Signature of funeral director Joe R. Duncan
(b) Address Mountain view, Mo

19. (a) 6-22-1946 (b) Laura Mitchell
(Date received local registrar) (Registrar's signature)

23. Signature Standa Bassman (M. D. or other) 00
Address Mountain View, Mo Date signed 20-46

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

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 Joe R. Duncan
Licensed Embalmer No. 4325
P. O. Address Mtn. View, 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.