

FILED JUL 12 1946

Registration District No. _____

Primary Registration District No. 4411

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green
(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 1 Year (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Rural (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 Eva Alice Cook

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1946 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from June 19th. 1946, to June 23rd 1946;
that I last saw her alive on June 22nd. 1946;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

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

6. (c) Age of husband or wife if alive _____ years _____ (Year)

7. Birth date of deceased August 2 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage.

Due to generalized arterio-sclerosis.

Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

9. Birthplace Delphia Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

12. Name Michael Cline

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

14. Maiden name Henrietta Bushell

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lester Cook

(b) Address Palmyra, Missouri

17. (a) Removal (b) Date thereof 6/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Cemetery Adams County Ill

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

(b) Address Palmyra, Mo.

19. (a) 6-29-46 (b) Bill Robinson
(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? _____ (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 [Signature] (M. D. or other) M.D.

Address Bowling Green, Missouri Date signed 6/25/46

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

RECEIVED
District Health Officer No. 10
District File Number 7-46-1234
Date Filed JUL-11-1946

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

Registered Apprentice No.

working under my personal supervision.

Signed

Robert Lewis

Licensed Embalmer No.

2382

P.O. Address

Delmar, Del.

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.