S. No. 2
M—2-43
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23188 23193

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 150

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Presenell Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3da (Specify whether
In this community 40yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Halcomb, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. R#1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Geo J. Cook
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Emma Rose Cook
6. (c) Age of husband or wife if alive Lee years
7. Birth date of deceased 2 (Month) 15 (Day) 1875 (Year)

8. AGE: Years 71 Months 5 Days 2 If less than one day hr. min.
9. Birthplace Bellinger Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Ben Cook
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Donk Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Warren Cook
(b) Address Kennett, Mo, R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director W. H. Ibby
(b) Address Rector, Ark
19. (a) 7-17-1946 (Date received local registrar) (b) Carl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour 8 minute 30A M.
21. I hereby certify that I attended the deceased from July 15, 1946, to July 17, 1946; that I last saw him alive on July 17, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	
Due to Hypertension.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3	
Of autopsy 95	

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? (e) Means of injury 0
23. Signature George E. Dunnies (M. D. or other)
Address Kennett Mo Date signed July 19, 1946

40 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 746-891
Date Filed 7-22-46

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 R. Casner

Licensed Embalmer No. 2912

P. O. Address Rector, Ark

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.