

**FILED** OCT 7 1948

Registration District No. 2

Primary Registration District No. 5017

Registrar's No. 92

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

1. PLACE OF DEATH: **Andrew County**

(a) County **Andrew County**

(b) City or town **Savannah (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Holt**

(c) City or town **Mound City**  
(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 **Charles LeRoy Cook**

3. (b) If veteran, name war **World War 1**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **January 9 1899**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>47</b>	<b>8</b>	<b>17</b>	hr. _____ min.

9. Birthplace: **Mound City, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James A. Cook**

13. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lula Diggs**

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

16. (a) Informant **Mrs. L.D. Everett**

(b) Address **Maitland, Mo.**

17. (a) **Burial** (b) Date thereof **9/29/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director M. Campbell

(b) Address **Mound City, Mo.**

19. (a) **9-27-46** (b) Lillian Sparks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept. 26** 19**46**  
year \_\_\_\_\_ hour **3 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Sept. 18** 19**46** to **Sept. 26** 19**46**, 19\_\_\_\_  
that I last saw him alive on **Sept. 26, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Hypostatic Pneumonia** 2 day  
**Injury in automobile wreck**  
Due to **Lost control of car**  
**Non-collision. X-Ray showed**  
Due to **fracture five ribs, clavicle**  
**and scapula. puncture right**

Other conditions: **lung**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

1700-28  
29

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) **Accident**

(b) Date of occurrence **Sept. 18, 1946**

(c) Where did injury occur? **Craig Holt Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**U.S. Highway 275**

While at work? \_\_\_\_\_ (e) Means of injury **Crush**

23. Signature D. Perrin (M. D. or other) **M.D.**  
Address **Mound City, Mo.** Date signed **9-27-**

28282

2

DEC 12 1946

SEP 8 1947

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....  
Licensed Embalmer No. 1824  
P. O. Address.....

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.