S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33196

Registration District No. 107 Primary Registration District No. 301-95422 Registrar's No. 194

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

32024

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County [illegible]
(c) City or town [illegible]
(If outside city or town [illegible] "RURAL")
(d) Street No. County Farm
(If rural, give location)
(e) Citizen of foreign country? MO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert B Cooksey

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

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Cooksey
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb (Month) 17 (Day) 1870 (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Freedonia (City, town, or county) Ky (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name J. C. Cooksey
13. Birthplace (City, town, or county) S.C. (State or foreign country)
MOTHER
14. Maiden name Emery Jane Downport
15. Birthplace (City, town, or county) S.C. (State or foreign country)
16. (a) Informant Robert Cooksey SR.
(b) Address Kennett
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Steele
18. (a) Signature of funeral director G. L. Herman
(b) Address Steele Mo.
19. (a) 10-29-1946 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 25 year 1946 hour 2 minute a M.
21. I hereby certify that I attended the deceased from Oct 23, 1946 to Oct 25, 1946 that I last saw him alive on Oct 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon 1 year
Due to Arterio Sclerosis and Myo Cardiac Degeneration
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 46E

Duration

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
23. Signature George T Gilmore (M.D. or other) DO
Address Kennett Mo Date signed 10-25-46

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-1288
Date Filed 11-7-46

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 W German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo Box 424

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.