

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36571

FILED JAN 23 1947
 Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1310 Armour Conv. Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 weeks**
(Specify whether)
 In this community **16 years**
years, months or days

3. (a) PRINT FULL NAME Mrs. Carrie M. Cook
3. (b) If veteran, name war no. No. Social Security No. NO.
4. Sex female **5. Color or race white**
6. (b) Name of husband or wife Frank E. Cook
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased December 29 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	0	18 1/2	hr. min.

9. Birthplace Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Newspaper Reporter

11. Industry or business X
12. Name Robert Purdy
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter R. Cook
(b) Address 2721 Askew, Kansas City, Mo.
17. (a) removal **(b) Date thereof 1-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Owosso, Michigan

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-11-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5426 Virginia**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
 year **1947** hour **8:40** minute **A.** M.
21. I hereby certify that I attended the deceased from
Apr 24 19 to **Jan 11 1947**
 that I last saw her alive on **Jan 9 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CANCER (?) STOMACH**
 Duration **235**
 Due to _____
 Due to _____
 Other conditions **COBURNARY SCLEROSIS** **235**
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
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?
 While at work? _____
(Specify type of place) (e) Means of injury
23. Signature J. L. Long (M. D. or other) **MD**
 Address **6222 Brown K.C. Mo.** **Del. 11-11-47**

Dr. Quistgard

Today
/ to 4
6844 Quistgard

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

J. Clair Sheppard

Licensed Embalmer No. *4179*

P. O. Address *K. C. 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.