

S. No. 2
M-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5768

FILED MAR 6 1947

Registration District No. 287

Primary Registration District No. 5979

Registrar's No. 4

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

1. PLACE OF DEATH: East Looney
(a) County Polk (Township)
(b) City or town Morrisville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Miles N. E. of Morrisville.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 5 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri; (b) County Polk; 84
(c) City or town Morrisville; (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles N. E. of Morrisville. 0
(If rural, give location)
(e) Citizen of foreign country? No; (Yes or No)
If yes, name country None;

3. (a) PRINT FULL NAME James Thomas Cook.
(b) If veteran, name war None;
(c) Social Security No. 514-07-2246

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6;
year 1947 hour 11:15 minute A. M.

4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife None.
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April: 25; 1874.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 22 - 1947 to Feb - 6 - 1947
that I last saw him alive on Feb - 1 - 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 9 11 hr. min.

Immediate cause of death
Due to Anterior Myocardial Infarction
Due to

9. Birthplace Arkansas.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation Farmer.
11. Industry or business Farming.

MOTHER FATHER
12. Name John M. Cook.
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)
14. Maiden name Lorenc C. Pike.
(City, town, or county) (State or foreign country)
15. Birthplace Polk County. Missouri.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
83A

16. (a) Informant Mrs: Rose Slagle.
(b) Address Morrisville, Mo. R.F.D.#1.
17. (a) Burial (b) Date thereof Feb. 9, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Slagle Cemetery.

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)
(e) Means of injury.

18. (a) Signature of funeral director [Signature]
(b) Address Bolivar, Missouri.
19. (a) Feb. 19 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 2-16-47

263

(Licensed Embalmer's Statement on Reverse Side)

8-3-8
2-47-177
2

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 *William P. Ewing*

Licensed Embalmer No. *3092*

P. O. Address *Balmar, Md.*

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.