No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10042

State File No.

FILED MAR 28 1947

Registration District No.

Primary Registration District No. 4330

Registrar's No. 7

1. PLACE OF DEATH:
(a) County: E. Mississippi
(b) City or town: East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 1
(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 36 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi 67
(c) City or town: East Prairie, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LESLIE BONNIE COOK

3. (b) If veteran, name war: ✓

3. (c) Social Security No. None

4. Sex: Male 0

5. Color or race: White 7

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mary Frances Cook

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: April (Month) 2, (Day) 1889 (Year)

8. AGE: Years 57 Months 11 Days 4 If less than one day hr. min.

9. Birthplace: Paducah Ky. (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation: City collector

11. Industry or business: ✓

MOTHER FATHER
12. Name: Frank Cook
13. Birthplace: Unknown (City, town, or county) Ky. 1 (State or foreign country)
14. Maiden name: Callie King
15. Birthplace: Unknown (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant: Mrs. Mary Frances Cook
(b) Address: East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: W. O. W. cemetery

18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo.

19. (a) 3-7-47 (Date received local registrar) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Feb 6, 1947, to Feb 6, 1947, that I last saw him alive on Feb 6-47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

Due to:

Due to:

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

Major findings:
Of operations: 94B

Of autopsy:

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: 11

23. Signature: Geo. W. Whitaker M.D. (M. D. or other)
Address: East Prairie Mo. Date signed: 3/6/47

191

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 547-426
Date Filed 3-25-47

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 Travis Shelby

Licensed Embalmer No. 276

P. O. Address East Prairie, 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.

o. 2B
-3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 218 Primary Registration District No. 4230 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Leslie B. Cook.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased April 2 1889 (Month) (Day) (Year)
8. AGE: Years 57 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Ky (State or foreign country)
10. Usual occupation
11. Industry or business City Collector
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

10042