S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17753

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 129

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 201 S. River St.
(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 yrs 7 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Carthage
(If outside city or town limits, write "RURAL")

(d) Street No.: 201 So. River St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Phillip Eugene Cook

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ---

4. Sex: male

5. Color or race: colored

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: October (Month) 22 (Day) 1944 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	7	9	..... hr. ..... min.

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

10. Usual occupation: at home

11. Industry or business: ----

MOTHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Octavia Cook
15. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Octavia Cook
(b) Address: 201 S. River, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: June 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Hill Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.

19. (a) 6-2-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1947 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw ..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death: Lobar Pneumonia — Duration: .....

Due to: .....

Due to: .....

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

Major findings: Of operations: .....

Of autopsy: .....

PHYSICIAN: Underline the cause of which death should be charged statistically.

Coroner's Investigation

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? ..... Means of injury: .....

23. Signature: D.W. Hirlett (M. D. or other) D.O.

Address: Joplin Date signed: 6/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-492

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.