

S. No. 2
M-5-43
5-17-39
D I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30336

State, File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 247

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Boone County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
 (Specify whether
 In this community 70 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone 10
 (c) City or town Columbia 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Boone County Infirmary 4
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EBERLEE COOK
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Sept. day 17
 year 1947 hour 12 minute 30 A. M.

4. Sex Male 5. Color or race White
 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 12 - 18 - 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 13 Sept. 1947 to 17 Sept. 1947
 that I last saw him alive on 16 Sept. 1947 and that death occurred on the date and hour stated above

8. **AGE:** Years Months Days If less than one day
78 8 29 hr. _____ min.

Immediate cause of death Cerebral haemorrhage Duration 3 hrs
 Due to arterio-sclerosis ?
 Due to _____

9. Birthplace Boone County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Other conditions none
 (Include pregnancy within 3 months of death) (37)
 Major findings: w of
 Of operations _____
 Of autopsy w autopsy

MOTHER FATHER

11. Industry or business _____
 12. Name James Cook
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret L. Goins
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

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 0

16. (a) Informant George G. Cook
 (b) Address Clark, Missouri
 17. (a) Burial (b) Date thereof 9-18-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Riggs Cemetery
 18. (a) Signature of funeral director Parker Funeral Service
Columbia, Mo.
 (b) Address _____
 19. (a) 9-18-47 (b) Mrs. R.E. Palmer
 (Date received local registrar) (Registrar's signature)

23. Signature W. K. Schmitt (M. D. or other)
 Address Columbia, Mo. Date signed 9-18-47

RECEIVED
District Health Officer No. 9,
District File Number 9-29-47
Date Filed

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 M. W. Whitfield
Licensed Embalmer No. 3893
P. O. Address Columbia 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.