S. No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10203

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2093

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: 0
St Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Hours (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4233 Woodland 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS ANNIE LEE COOK

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Cook

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

7. Birth date of deceased March 22 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days ~~26~~ 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Willem Von Maassen 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Lee
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ted Cook
(b) Address 4233 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Turk & Robin Co
(b) Address 20 West Linwood

19. (a) 5-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day May
year 1948 hour 1.07 minute P M.

21. I hereby certify that I attended the deceased from April 9, 1948, to May 17, 1948
that I last saw her alive on May 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction — Duration 10 hrs.

Due to Arteriosclerotic Heart disease with

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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 0

23. Signature Huber M Parker (M. D. or other) MD

Address 306 E 12 Date signed 5-18-48

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 413-4

P. O. Address Kansas City 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.