. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19915

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Grove Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson 50
(c) City or town Arnold 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____ 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Susie Cook
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Wm Cook
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 29 (Day) 1871 (Year)

8. AGE: Years 76 Months 8 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Lynn (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Thos. Moss
13. Birthplace ____ (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Catherine Shank
15. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Landon Cook
(b) Address 1615 a Pennsylvania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Donald B. Dettmer
(b) Address Delta Mo.
19. (a) 6/8/48 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 1 June, 1948, to 1 June, 1948;
that I last saw her alive on 1 June, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hour.
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) no
(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 Karl V. McKinstry (M. D. or other) M.D.
Address De Soto, Mo. Date signed 1 June 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.....Donald B. Dietrich.....

Licensed Embalmer No.....4104.....

P. O. Address.....Defiance 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.