

FILED AUG 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26220

Primary Registration District No. 1002

Registrar's No. 2079

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:
General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community 4 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1217 Linwood
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: - - -

3. (a) PRINT FULL NAME

Robert KRD Cook

3. (b) If veteran,

name war WORLD WAR II

3. (c) Social Security No.

512-14-5483

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MRS. HENRIETTA M. COOK

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: DECEMBER 13 1913
 (Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 7
 If less than one day hr. min.

9. Birthplace: CHERRYVALE KANSAS
 (City, town, or county) (State or foreign country)

10. Usual occupation: SALESMAN

11. Industry or business

12. Name MILTON I. COOK

13. Birthplace KOKOMO INDIANA
 (City, town, or county) (State or foreign country)

14. Maiden name NELLIE MAY KOHO

15. Birthplace VERMILLION ILLINOIS
 (City, town, or county) (State or foreign country)

16. (a) Informant Nellie M. Cook

(b) Address 209 1/2 N. Perry St. Kansas

17. (a) REMOVAL (b) Date thereof 11-21-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHERRYVALE, KANSAS

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 7-21-48 (b) Suzanne Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
 year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 18, 1948, to July 20, 1948;
 that I last saw him alive on July 20, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to: _____

Due to: _____

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

Major findings: 94a
 Of operations: _____

Of autopsy: None

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) (c) Means of injury _____

23. Signature Wm W. Hart (M. D. or other) Dr
 Address Med. Dir. Gen'l Hosp. (-20-48)
 Date signed _____

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

MOTHER FATHER

MS. 02 302

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..... *Edward M. Storer*
Licensed Embalmer No..... *4452*
P. O. Address..... *K. C. 4 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.