No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 7 8 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36065

Primary Registration District No. 3019

Registrar's No. 152

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None - Cabin 19, Westgate Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Kennett
(If outside city or town limits, write "RURAL")
(d) Street No.: 304 Oak Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Thomas Cass Cooksey
3. (b) If veteran, name war: World War 11 — C.No. 37-408-712
3. (c) Social Security No.: 498-07-9543

4. Sex: M
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elsie Cobb Cooksey
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: November (Month) 26 (Day) 1917 (Year)

8. AGE: Years 30 | Months 11 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace: Steele (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Restaurant Operator
11. Industry or business: Restaurant
FATHER
12. Name: Robert Cooksey
13. Birthplace: Fredonia (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Minnie Marshall
15. Birthplace: Tell City, (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Baylis Cooksey
(b) Address: Kennett, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge
18. (a) Signature of funeral director: [illegible]
(b) Address: Kennett, Missouri
19. (a) 11-22-194 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Novemberr 4th day: 4th year: 1948 hour: ... minute: ... M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Murdered by Unknown Hands — Duration
Due to: Inquest Pending
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence: November 4th, 1948
(c) Where did injury occur? Westgate Hotel Cabin (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Westgate Hotel Cabin (Specify type of place)
While at work? (e) Means of injury: Crushed Head
23. Signature: Walter A. Humphreys Coroner (M. D. or other)
Address: Kennett Mo Date signed: 11-22-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

11-22-48

RECEIVED
District Health Office No. 2
District File Number 1148-157
Date Filed 11-23-1948

MAY 24 1949

NOV

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 Arnold R. Moor, Registered Apprentice No. 258, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.