

FILED DEC 29 1948

State File No. 39720

Registration District No. 93

Primary Registration District No. 5742

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Dade Rural

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dade

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Cook.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1948 hour _____ minute 22 M.

4. Sex m 5. Color or race W

6. (a) Name of husband or wife Mary Ann Cook 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 1 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-6-1948 to 12-6-1948
that I last saw him alive on 12-6-1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>7</u>	hr. _____ min. <u>0</u>

Immediate cause of death _____

Due to Arteriosclerosis

Due to Perititis

9. Birthplace Dade Co.
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 97

Of autopsy none

10. Usual occupation Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Unkown

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

14. Maiden name Unkown

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

16. (a) Informant Virgil Henry

(b) Address So, Greenfield, Mo

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 _____

17. (a) Burial (b) Date thereof 12/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro Cemetery

18. (a) Signature of funeral director W.R. Allison

(b) Address Greenfield, Mo

23. Signature H.D. Combs (M. D. or other) _____

Address Lockwood Mo Date signed 12-8-48

19. (a) 12-10-48 (b) W.R. Allison
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 1248-1379

Date Filed 12-27-48

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.....

George W. Newcomb....., Registered Apprentice No. 30,
working under my personal supervision.

Signed W.R. Allison.....

Licensed Embalmer No. 4404.....

P. O. Address Shreefield, 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.