DEC 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42046
Do not use this space.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County Nodaway Co. Registration District No. 630
(b) Township Monroe Primary Registration District No. 4380 Registered No.
(c) City Skidmore (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Jane Cook
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miles Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3-1852

7. AGE: Years 85 Months 1 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Ind.

FATHER
13. NAME Jonathan Rusing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Loriah Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Seth Turpen
(ADDRESS) Maitland, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Mo. DATE Nov. 23, 1937

19. FUNERAL DIRECTOR J. Fred Terhune
(ADDRESS) Savannah Mo.

20. FILED Nov. 23, 1937 Dr. J. C. Manning
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Nov 21, 1937
I last saw him alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 10 35 a.m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Ulcerative Ulcus
Colitis. Influenza

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. C. Manning, M. D.
(Address) Skidmore Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Fred Terhune

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Terhune

Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)