

JAN 21 1938

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

46182
Do not fill this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township _____ Primary Registration District No. 4363 Registered No. 140
(c) City Neosho (d) Street No. Sale-Bowman Hospital 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 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John L Cook
(a) Residence, No. Noel, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
about 54

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

FATHER 13. NAME not known 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) H.A. King
Oklahoma City, Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Southwest City, Mo. DATE Dec 23rd, 37

19. FUNERAL DIRECTOR (ADDRESS) Nichols Brothers
Southwest City, Mo.

20. FILED 12-26 1937 Amalabali
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1937, to 12-23, 1937.
I last saw him alive on 12-23, 1937. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic endocarditis Date of onset _____
131
Other contributory causes of importance:
chronic interstitial nephritis

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) Amalabali, M. D.
(Address) Neosho, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, J. A. Bigham, Licensed Embalmer No. 2689

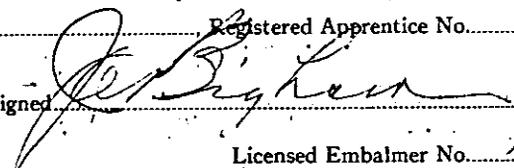
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Bigham

L. E.

No. 2689 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2689

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.)