

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20789

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2239
 (c) City Kansas City Mo. (d) Street No. North East 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Parkman + Reg Ave RR # 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilson L Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-17-1874</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Wife</u>	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Wife</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>126</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>	
FATHER	13. NAME <u>John E. Cooker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickory Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>5 miles S Odessa Lafayette Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Ruth Neponan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wood Lawn</u> DATE <u>June 1 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Ph & Mitchell Independence Mo.</u>		
20. FILED <u>June 1 1938</u> <u>Dr. M. G. G. G.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-30-1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 25</u> , 19 <u>17</u> , to <u>5-30</u> , 19 <u>38</u> I last saw him alive on <u>5-30</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>5:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Pty postalis</u> <u>pneumonia with myocardial failure</u> <u>126</u> Other contributory causes of importance: <u>Localized peritonitis</u> <u>myocardial failure</u> <u>gall stones</u> Name of operation <u>cholecystectomy</u> Date of <u>May 1938</u> What test confirmed diagnosis? <u>Was there an autopsy?</u> <u>Yes</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>NA</u> Date of injury <u>19</u> 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? <u>NO</u> If so, specify (Signed) <u>Dr. Fred J. Zammara</u> (Address) <u>209 1/2 no Liberty Indep.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 1 X12004

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, Henry D. Mitchell, Licensed Embalmer No. 3925

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

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.)