

REC'D JUL 10 1939

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

21184  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Haw Primary Registration District No. 1002  
 (c) City W E MO (d) Street No. N E Sun Hrspt Registered No. 2452  
 (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 Wm H. Cook (Charles H. Cook)  
 (a) Residence, No. 400 Mumford Court (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ladig Cook  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 11 14  
 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. Metal Plate  
 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) Ohio  
 13. NAME Henry Cook  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Sarah A. Nichols  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT (ADDRESS) Rec'd, Clerk N E Sun Hrspt  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Emwood DATE 6-17-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. F. ... 915 Brooklyn  
 20. FILED June 16 1939 M. M. Crowe, esq. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-39  
 22. I HEREBY CERTIFY, That I attended deceased from 6-12-39, 19... to 6-14-39, 19...  
 I last saw h. me on 6-14-39, 19... Death is said to have occurred on the date stated above, at... m.  
 The principal cause of death and related causes of importance were as follows:  
Pancreas of right  
arterio-sclerotic  
gangrene (not diabetic)  
 Other contributory causes of importance: 986  
Bronchopneumonia  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes  
 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) P. F. De ... M. D.  
 (Address) Sup't K C Gen'l Hosp't

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

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.

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**