

JUL 17 1939

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

21814
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 157
(b) Township Pleasant Hill Primary Registration District No. 4091
(c) City Pleasant Hill (d) Street No. _____
(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.

Registered No. 25

2. PRINT FULL NAME

Georgia Kellogg Cook
(a) Residence, No. Pleasant Hill, Missouri 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-5-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
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) Hiawatha, Kansas

FATHER 13. NAME George Morton Kellogg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER 15. MAIDEN NAME Mary Sweinhart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Gertrude Wallace Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Mo DATE June 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brownfield Funeral Home Pleasant Hill, Mo

20. FILED June 16, 1939 Mrs. Etta M. Aldridge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939
22. I HEREBY CERTIFY, (That I attended deceased from June 14, 1939, to June 15, 1939
I last saw her alive on June 14, 1939. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
Pyloric end.
H's

Other contributory causes of importance: _____
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? no
If so, specify _____ (Signed) W. J. Murray, M. D.
Pleasant Hill, Mo (Address)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, June 15

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

C. W. Brownfield

Licensed Embalmer No. 3785

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.