

Registration District No. 398

Primary Registration District No. 5584

Registrar's No. 373

1. PLACE OF DEATH:

(a) County Jackson Adams City
 (b) City or town Wainwright
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 218 N. Huttig 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 2 weeks

3. (a) PRINT
FULL NAME Margaret Cook 2073. (b) If veteran,
name war ✓8. (c) Social Security
No. ✓

4. Sex Fe 5. Color or
race white 6. (a) Single, widowed, married,
divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Sept 27 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 18 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Arthur Groin13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Jane Johnson15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Ruth Kressly(b) Address 118 N. Huttig17. (a) Burial (b) Date thereof 12 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope18. (a) Signature of funeral director C. A. Bras Mt. Hope(b) Address 1416 Milwaukee Ave. Kansas City, Mo.19. (a) Dec 18 '39 (b) F. L. Cook Reg.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3060 Hutchings
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
 year 1939 hour 9 minute AM.

21. I hereby certify that I attended the deceased from Dec 3, 1939
Dec 15 - 1939 to _____, 1939
 that I last saw her alive on Dec 15 - _____, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac
Dilatation Duration 10 min

Due to Myocardial damage from
an infection she had in the leg

Due to a nail wound 1 month
previously

Other conditions Ball Stones 185
 (Include pregnancy within 3 months of death)

Major findings: Had a deep infection
Cutaneous starting from
the nail wound in leg
 Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident - Railway(b) Date of occurrence Nov. 16(c) Where did injury occur? in home
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HomeWhile at work? yes (Specify type of place) (e) Means of injury _____23. Signature Carl Allen (M. D. or other) _____Address Independence Date signed 2-15-39
1939

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 Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City, Kansas

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.