

REGISTRATION DISTRICT NO. 328

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11055

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Trenton  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 24 yrs.  
In this community 240 years, months or days

3. (a) PRINT FULL NAME In Florence Cooksey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife Therese Cooksey 6. (c) Age of husband or wife if alive 13 years 1862

7. Birth date of deceased: (Month) Dec. (Day) 13 (Year) 1862

8. AGE: Years 77 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Iowa (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation: housewife

11. Industry or business: \_\_\_\_\_

12. Name: Lorenzo Dowel Orndorff

13. Birthplace: unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name: Mary Ann Glass (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

15. Birthplace: unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant: C. D. Hickman

(b) Address: Trenton

17. (a) Burial (b) Date thereof: 1-26-40 (Month) 1 (Day) 26 (Year) 40

(c) Place: burial of \_\_\_\_\_ Maple Grove Trenton Mo.

18. (a) Signature of funeral director: Davis Funeral Service (Specify type of place) \_\_\_\_\_

(b) Address: Trenton Mo. (c) Means of injury: \_\_\_\_\_

19. (a) 1-25-40 (Date received local registrar) (b) J. W. Fair (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town Trenton  
(d) Street No. 603 Rural Street (If outside city or town limits write "RURAL")  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month Jan day 24 year 1940 hour 5:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Jan 24 1940

that I last saw her alive on Jan 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostolic Pneumonia Duration 1

Due to Secularly + Confirmed to bed Monday

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature: J. W. Fair (M. D. or other) \_\_\_\_\_

Address: Trenton Mo Date signed: 1-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

104

RECEIVED  
District Health Officer No. 11,  
District File Number 440-580  
Date Filed APR 13 1940

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.....

*Robert B. Davis*

Registered Apprentice No. *212*

working under my personal supervision.

Signed.....

*Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Greentown, Mo*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11053

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF BIRTH:

(a) County. Wright  
(b) City or town. Wenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether

In this community. \_\_\_\_\_ years, months or days) (Specify whether

3. (a) PRIN. FUN. Dr. Florence Cooksey

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex. 7 5. Color or race. w 6. (a) Single, widowed, married, divorced. wed

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive. \_\_\_\_\_ year

7. Birth date of deceased. \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years Months Days If less than one day  
77 1 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation. \_\_\_\_\_

11. Industry or business. \_\_\_\_\_

12. Name. \_\_\_\_\_

13. Birthplace. \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name. \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

15. Birthplace. \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. Informant. \_\_\_\_\_

(b) Address. \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof. \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation. \_\_\_\_\_

18. (a) Signature of funeral director. \_\_\_\_\_

(b) Address. \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. \_\_\_\_\_ (b) County. \_\_\_\_\_

(c) City or town. \_\_\_\_\_ (If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month. Jan day. 24 year. 1940 hour. \_\_\_\_\_ minute. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Duration

Due to Broncho Pneumonia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify). \_\_\_\_\_

(b) Date of occurrence. \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury. \_\_\_\_\_

23. Signature. E. J. Mann (M. D. or other) \_\_\_\_\_

Address. Wenton Mo Date signed. \_\_\_\_\_

SUPPLEMENTAL

1940

S-11055