

APR 8 1940

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(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 2 2 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville
(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.

3. (a) PRINT FULL NAME Ora D. Cook

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Cook

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 19 1868
(Month) (Day) (Year)

8. AGE: Years _____ Months 22 Days 1 2 3 If less than one day _____ hr. _____ min.

9. Birthplace Unionville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Waggon Works

12. Name Allen Cook

13. Birthplace Constantine Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jarman

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

16. (a) Informant's own signature Mrs. O. D. Cook

(b) Address Unionville Mo

17. (a) Rural (b) Date thereof May 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director J. M. ...

(b) Address Unionville Mo

19. Apr 15 1940 (b) J. W. Gilliam
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1940 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 6, 1940 to Mar 12, 1940
that I last saw him alive on Mar 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to Arterio sclerosis + Cardiovascular disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95A

Major findings: Of operations _____

Of autopsy _____

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? 15

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. H. Magee (M. D. or other) MD

Address Unionville Mo Date signed 3/14/40

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.

DEC 7 1943

RECEIVED

District Health Officer No. 10

District File Number 4-40-733

Date Filed APR 3 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.....

J. W. Comstock....., Registered Apprentice No. 132
working under my personal supervision.

Signed J. W. Comstock.....

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.