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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14393

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 484

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1816 Prospect Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Andrew Cleveland Cook

3. (b) If veteran, name war ✓

3. (c) Social Security No. 491-09-0138

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 22 (Day) 1883 (Year)

8. AGE: Years 57 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Doniphan County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Yard Foreman

11. Industry or business Lumber Company

FATHER
12. Name Andrew J. Cook
13. Birthplace Carrollton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Ann Yengst
15. Birthplace Holt County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs A C Cook
(b) Address 1816 Prospect Ave., St. Joseph

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Apr 30 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1940 hour 9 minute 50 p. M.

21. I hereby certify that I attended the deceased from April 12, 40, 19__, to April 27, 1940 that I last saw him alive on April 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 days
Due to Cholecystitis & Cholelithiasis	6 mos
Due to	
Other conditions Toxic Hepatitis (Include pregnancy within 3 months of death)	2 wks
Major findings: Of operations Cholecystectomy Cholelithiasis	
Of autopsy none	

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) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 no (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)
Address 825 Charles St., St. Joseph Date signed 4/29/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed John C. Anderson

Licensed Embalmer No. 4056

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.