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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17742

JUN 17 1940

State File No. _____

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 113

1. PLACE OF DEATH Adair County
 (a) County _____
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 615 West Smith
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Britten LaVerne Wallen Cook
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 23 1920
 (Month) (Day) (Year)

8. AGE: Years 11 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation School boy

11. Industry or business _____

MOTHER FATHER { 12. Name Britten Salvester Wallen
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Naomi Lucinda Hancock
 15. Birthplace Harrison Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Naomi Cook
 (b) Address 615 West Smith

17. (a) Burial (b) Date thereof 5-16-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Lee Rilev
 (b) Address Kirksville, Mo.

19. (a) May 18/40 (b) Spencer L. Freeman
 (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 615 West Smith
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
 year 1940 hour 7 minute 00 A. M.
 21. I hereby certify that I attended the deceased from May 13
1940 to May 14, 19 40
 that I last saw him alive on May 14, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia of diaphragm
 Due to Meningitis (Cerebro) 4 days
 Due to Infection of middle ear 2 weeks
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations gyn
 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? _____

3 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature M. M. Callaway (M. D. or other) _____
 Address Kirksville Mo Date signed 5-16-40

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

RECEIVED

District Health Officer No. 10

District File Number 6-48-1260

Date Filed JUN 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.....

Laura Riley

Registered ~~Apprentice~~ No. 3907

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3907

P. O. Address Kirksville, 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.