

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheran 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 40 Yrs
years, months or days)

3. (a) PRINT FULL NAME Dessie May Cook
3. (b) If veteran, name war ----- **3. (c) Social Security** No. -----

4. Sex Female **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles R. Cook **6. (c) Age of husband or wife if**
alive 51 years **7. Birth date of deceased** July 24 1892
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 24 If less than one day
hr. min.

9. Birthplace Newport Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER
12. Name Lee Bailey
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Florence
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Cook
(b) Address 401 Southwest Blvd.

17. (a) burial **(b) Date thereof** 6-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director States Funeral Home
(b) Address Kansas City, Kansas

19. (a) June 17, 1940 **(b)** M. M. Corrow
(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. 401 Southwest Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 6
1940 to June 16 1940
that I last saw her alive on June 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of brain
Due to
Cancer of Colon
Other conditions Carcinoma of liver & lung
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy above
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 P. M. ... (M. D. or other)
Address 544 SW Blvd **Date signed** 6-17-40

JUL 11 1945

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 D. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 1815 W 41

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.