S. No. 2
—11-10-39
5-17-39
PI X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21722

Registration District No. 1159 JUL 25 1940 Primary Registration District No. 5431a Registrar's No.

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Ford City
(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 years, months or days)
In this community 58 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Ford City
(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 Elmer F. Cook
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 10 (Month) 15 (Day) 1881 (Year)
8. AGE: Years 58 Months 8 Days 3 If less than one day hr. min.
9. Birthplace Gentry County Mo Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business
FATHER 12. Name Prince Cook
13. Birthplace Gentry County Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ange Cook
15. Birthplace Gentry County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Cook
(b) Address Ford City Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 20 (Day) 1940 (Year)
(c) Place: burial or cremation Ford City Cemetary
18. (a) Signature of funeral director [illegible]
(b) Address Stanberry Missouri
19. (a) June 19 1940 (Date received local registrar) Donald D. Gantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1940 hour 6 minute P M.
21. I hereby certify that I attended the deceased from June 18, 1940 to June 18, 1940 that I last saw him alive on June 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate with metastasis to
Due to Liver + Large Bowel
Due to
Other conditions 51
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Dr. Zack A. Barnes (M. D. or other) D.O.
Address King City, Mo Date signed June 19, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 740-1110
Date Filed JUL 5 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3472

P. O. Address _____

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

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