

No. 4-10-39  
5-17-39  
I X23159

AUG 9 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

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2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Freeman hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether In this community #~~70~~# 55 years, months or days)

3. (a) PRINT FULL NAME William Walter C. Cookerly

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. July 28 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>II</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Maysville Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business same

12. Name Michael Cookerly

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

14. Maiden name Mary Elizabeth Mainey

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

16. (a) Informant Edward Hooverly

(b) Address 26th & Schiffendecker

17. (a) BURIAL (b) Date thereof 7-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT HOPE

18. (a) Signature of funeral director HORNBUT UND CO

(b) Address JOPLIN MO

19. (a) 7-5-40 (b) Ed. J. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Saratoga Spring  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1940 hour 11:25 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-1-40, 1940, to 7-4, 1940

that I last saw him alive on 7-4, 1940 and that death occurred on the date and hour stated above, Immediate cause of death Heart Topic meningitis 4 days.

Due to unable to determine cause. Path. report of

Due to autopsy findings not returned.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Path. report not returned.

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? 372  
While at work? (Specify type of place) (e) Means of injury

23. Signature B. H. [unclear] (M. D. or [unclear])

Address Joplin, Mo. Date signed \_\_\_\_\_

40-8-283

79K

**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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Yopli, NC

**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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28415

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)

years, months or days)

3. (a) PRINT FULL NAME Wm Walter Coakerly

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 11 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 7-5-40 (b) Ed H. James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (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.

20. DATE OF DEATH Month July day 4 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that he/she was \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Toxic meningitis

unable to determine cause of death

Due to Path. report of autopsy finding has not returned

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Purulent meningitis. punctate military abscesses of the brain, the kidney & the myocardium due to bacteremia.

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) \_\_\_\_\_ (Date) of injury

23. Signature B. E. DeTale (M. D. or other) \_\_\_\_\_

Address Jasper Mo Date signed \_\_\_\_\_

SUPPLEMENTARY

