S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 26007 5

Registration District No. 686 Primary Registration District No. 4410 Registrar's No.

FILED AUG 1 1940

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

**1. PLACE OF DEATH:**
(a) County Pike
(b) City or town Curryville
(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 70 yr

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Pike
(c) City or town Curryville
(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 James H Cook
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 4 1853 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation mechanics
11. Industry or business 0
MOTHER FATHER
12. Name John Cook
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Anna Vermillion
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Hyner Milner
(b) Address Curryville Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof Aug 7 (Month) (Day) (Year)
(c) Place: burial or cremation Curryville
18. (a) Signature of funeral director W B Wabs
(b) Address Vandalia Mo
19. (a) Aug 29 1940 (Date received local registrar) (b) Gene Hendrix (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 6 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from ... 19..., to May 7 1940, that I last saw him alive on 1:30 P.M. May 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Gangrene (Duration)
Due to Diabetes 5 y
Due to
Other conditions Severe ulcer on Rt (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C W Van Tyngarden M.D. Coroner or other
Address Mexico Mo Date signed 6-6-40

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W B Waters

Licensed Embalmer No. 3321

P. O. Address Hendalia 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, fact should be so stated above.**