2
-39
9
1492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31236

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 216

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: 408 E. Hickory (If not in hospital or institution, write street number or location) No

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 75 years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Adair

(c) City or town: Kirksville (If outside city or town limits, write "RURAL")

(d) Street No. 408 E. Hickory (If rural, give location)

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

3. (a) PRINT FULL NAME: John Wildman Cook

3. (b) If veteran, name war: ✓

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: W.

6. (b) Name of husband or wife: Amanda

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: July (Month) 26 (Day) 1853 (Year)

8. AGE: Years 87 Months 1 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace: Iowa City (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Carpenter

FATHER
12. Name: Thomas Cook
13. Birthplace: Pa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ruth Wildman
15. Birthplace: Virg. (City, town, or county) (State or foreign country)

16. (a) Informant: Ed Cook
(b) Address: Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 15/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Hannibal

18. (a) Signature of funeral director: [illegible]
(b) Address: Hannibal Mo

19. (a) Sept. 19/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1940 hour 3 minute 45 — M.

21. I hereby certify that I attended the deceased from Aug ____, 1940 to Sept 13, 1940 that I last saw him alive on Sept 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	
Due to: Age and infection of bladder	
Due to: Unknown cause	
Other conditions: ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations: ✓	
Of autopsy: None	

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: L. J. Cramer (M. D. or other) 3
Address: Kirksville Mo Date signed 9/13/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1994
Date Filed OCT 24 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 Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Shelbina 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.