

No. 2
1-10-30
17-5-31
X-1-1-31

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31661

State File No. _____

OCT 12 1940

Registration District No. 134

Primary Registration District No. 2187

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural, Rockford
(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 2
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Rosworth
(If outside city or town limits, write "RURAL")
(d) Street No. Rockford Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

James H. Cook

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DAS 16-1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 6 _____ hr. _____ min.

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

10. Usual occupation CHARMER 9

11. Industry or business _____
12. Name Thomas Melburn Cook
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary McCarver
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr James Cook Jr.
(b) Address Bosworth, Mo

17. (a) Burial (b) Date thereof Sept. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winfrey Cem

18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth, Mo

19. (a) Sept 23, 1940 Mrs. A. G. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 19
1940, to Sept 22 1940
that I last saw him alive on Sept 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration _____
Due to Coronary Thrombosis

Due to _____
Other conditions 94%
(Include pregnancy within 9 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?
2A
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. West (M. D. or other) 11/10
Address Bosworth, Mo Date signed Sept 26, 1940

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-8-40

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 *David J. Howard*

Licensed Embalmer No. *3265*

P. O. Address *Bonworth, Va*

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.