

S. No. 2  
4-13-40  
5-17-39  
WI X2315

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36505

State File No. \_\_\_\_\_

FILED NOV 25 1940 802

Registration District No. \_\_\_\_\_ Primary Registration District No. 6047-448 Registrar's No. 74

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

1. PLACE OF DEATH

(a) County Schuyler

(b) City or town Downing  
(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) 20

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

In this community 78-6-25  
years, months or days

3. (a) PRINT FULLNAME HENRY 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 widowed

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

7. Birth date of deceased April 5 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Schuyler Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name Charles Cook

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

14. Maiden name Elizabeth Lightner

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

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

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

17. (a) Burial (b) Date thereof 10 31 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing Mo

18. (a) Signature of funeral director Morchows

(b) Address Lancaster Mo

19. Oct 31-40 (b) H. E. Erwig  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30  
year 1940 hour 1 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Oct 16 1940 to Oct 29 1940  
that I last saw him alive on Oct 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma Heart failure

Due to \_\_\_\_\_

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death) 9 2 17

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

Of autopsy No

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?

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

23. Signature H. E. Erwig (M. D. or other) \_\_\_\_\_  
Address Downing Date signed Oct 31

RECEIVED

District Health Officer No. 10

District File Number 11-40-2051

Date Filed NOV 8 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.....

Irue Minnie Morehead

Registered Apprentice No. ....

working under my personal supervision.

Signed Morehead.....

Licensed Embalmer No. 3680-3731

P. O. Address Lancaster 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:**