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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 1 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38157

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1189

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 7 days (Specify whether years, months or days)
In this community 2 mo. 7 days

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 304 Gladstone (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lee A. Cook
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife (Not Known) Emma Cook
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased April (Month) 27 (Day) 1869 (Year)

8. AGE: Years 71 | Months 6 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Chanois Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Laborer 0
11. Industry or business 0
MOTHER FATHER
12. Name Henry C. Cook 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Melissa Colman
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mildred L. Cook
(b) Address 309 Gladstone Kansas City Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri
19. (a) 11/12/40 (Date received local registrar) (b) H. Mettlebach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1940 hour 7:10 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 9, 1940, 19..., to Nov. 11, 1940, 19...; that I last saw him alive on Nov. 10, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	4 days
Due to AZC	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis Chronic	3 Months
Major findings: Of operations Suppurative Parotitis	
Of autopsy Bronchial Pneumonia Myocarditis, Chronic, Suppurative Parotitis	

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 Charles C. Lange (M. D. or other) M.D.
Address State Hospital #2 St. Joseph Mo. Date signed 11-11-40

(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. H. Kelly

Licensed Embalmer No. 394

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.