

No. 2  
4-13-40  
-17-39  
I X23759

JAN 21 1949

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 148

1. PLACE OF DEATH: NEWTON  
 (a) County NEOSHO  
 (b) City or town NEOSHO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
East McKinney St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 28 YEARS \_\_\_\_\_  
 years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County NEWTON  
 (c) City or town NEOSHO  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. EAST MCKINNEY  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME GEORGE COOKSEY  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month DECEMBER day 12  
 year 1940 hour 11 minute 45 P.M.  
 21. I hereby certify that I attended the deceased from Jan.  
 \_\_\_\_\_, 1936, to Dec 12, 1940  
 that I last saw him alive on Dec 12, 1940  
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased AUGUST  
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Due to Senility  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations   
 Of autopsy

8. AGE: Years 90 Months 4 Days 18  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace UNKNOWN ILLINOIS  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation LUMBERMAN

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name VINCENT COOKSEY 1  
 13. Birthplace UNKNOWN VIRGINIA  
 (City, town, or county) (State or foreign country)  
 14. Maiden name JANE CLARK  
 15. Birthplace UNKNOWN ILLINOIS  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Edgar Cooksey  
 (b) Address Neosho Mo  
 17. (a) Burial (b) Date thereof 12-15-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Windsor Park Kansas  
 18. (a) Signature of funeral director Carly Thompson  
 (b) Address Neosho Mo  
 19. (a) Dec 15 1940 (b) Anna R. Sale  
 (Date received local registrar) (Registrar's signature)

23. Signature G. E. Mariani (M. D. or other) 12-13  
 Address Neosho, Mo. Date signed 12-13-40

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

RECEIVED

Health Officer No. 6,

File Number 141-139

Date Filed JAN 15 1941

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..... Gail K. Gay

Licensed Embalmer No. 4155

P. O. Address Neosho, 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.