

No. 2  
-11-10-39  
5-10-39  
I

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6209**

**MAR 25 1941**

Registration District No. **364**

Primary Registration District No. **5091**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Bural - Spruce Sw. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At the home of her son  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 39 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28  
year 1941 hour 5 minute 45 A. M.  
21. I hereby certify that I attended the deceased from Jan. 15  
1941, to Feb 25, 1941;  
that I last saw her alive on Feb 25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis  
Duration \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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? \_\_\_\_\_

While at work? 959 (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature E. E. Robinson (M. D. or other) 0  
Address Adrian, Mo. Date signed 2-28-41

3. (a) PRINT FULL NAME Hattie L. Cook

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased April 14 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Samuel S. Carey

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

14. Maiden name Lucy Jenkins

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Thores Cook

(b) Address Butler Mo. R.F.D. #2

17. (a) Bural (b) Date thereof 2-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altona Cemetery

18. (a) Signature of funeral director Luath & Luf

(b) Address Adrian Mo

19. (a) March 16 1941 (b) Laura G. Odneal  
(Date received local registrar) (Registrar's signature)

**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 and  
Fred J. Creath # 3343 Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 3650  
P. O. Address Adrian Ma

**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.**