

FILED MAR 19 1941 31  
Registration District No. 31

Primary Registration District No. 6092

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Clarence Ind  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Shelby Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 months  
(Specify whether

In this community  
years, months or days

3. (a) PRINT FULL NAME GEORGE W. 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 Single

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12-1-1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 1 28 hr. min.

9. Birthplace Shelby Co. Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Hammer

11. Industry or business Hammer

MOTHER FATHER  
12. Name Sam Cook  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Haddock  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Cook  
(b) Address Clarence Ind

17. (a) Burial (b) Date thereof 1-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director William B. ...  
(b) Address Clarence Ind

19. (a) 31-41 (b) Pearl ...  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Russell  
(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 Jan day 28  
year 1941 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 27  
1941, to Jan 27, 1941;  
that I last saw him alive on Jan 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 days

Due to ...  
Due to ...

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations ...  
Of autopsy none  
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?  
748 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury ...

23. Signature P. G. ... (M. D. number) ...  
Address Shelbyville Mo. Date signed 2-14-41

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

006

RECEIVED

District Health Officer No. 10

District File Number 3-41-601

Date Filed MAR 13 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 Nancy A. Bartelme

Licensed Embalmer No. 3835

P. O. Address Shelburne 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, above space should be left blank.