

APR 15 1941

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 149

1. PLACE OF DEATH

(a) County St. Francis

(b) City or town Farmington

(c) Name of hospital or institution: 215 S. Washington
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

(c) City or town Farmington, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 215 S. Washington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME DELPHA LOUISE COOK

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased February 23 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Alva Cook

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

16. (a) Informant Alva Cook

(b) Address 215 S. Washington, Farmington Mo

17. (a) Burial (b) Date thereof March 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Oak Cemetery

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Farmington Mo

19. (a) Mar 27-41 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1941 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Natural Cause

Due to Pneumonia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature Dr. Diemer Deputy
(Specify type of place) (e) Means of injury 3'

Address 215 S. Washington Mo Date signed Mar 27 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11892

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Farmington
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Delpha Louise Cook
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Mar day 21
 year 1941 hour _____ minute _____ M.

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced Inf.
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ year

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Natural Cause
Lobar

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)
 8. AGE: Years _____ Months 1 Days 4 If less than one day _____ hr. _____ min.

Duration 10 1/2
 Due to Pneumonia

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation _____

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name _____
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury Deputy
 23. Signature Joe Deemer Deputy
(If other)
 Address Flat River Date signed 6-7-41

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

SUPPLEMENTARY

11892