S. No. 2
I—4-13-40
V. 5-17-39
I X23159

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16513

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4031

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

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Centralia 1126
(If outside city or town limits, write "RURAL")
(d) Street No. 410 North Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Jack Royal Cook
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida May Gulley Cook
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased August (Month) 19 (Day) 1884 (Year)

8. AGE: Years 56 Months 9 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Trucker
11. Industry or business
FATHER 12. Name John Davis Cook
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ida Cook
(b) Address Centralia Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CENTRALIA ILL
18. (a) Signature of funeral director Garner
(b) Address Funeral Home Centralia Ill.
19. (a) MAY 13 1941 (Date received local registrar) (b) J M Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 4 30 minute A M.
21. I hereby certify that I attended the deceased from May 1 1941 to May 13 1941; that I last saw him alive on May 13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy as above

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 FR Bradley (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed 5-13-41

(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.....

Licensed Embalmer No. 38880

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.