

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17653

Registration District No. 219

Primary Registration District No. 4132

Registrar's No.

1. PLACE OF DEATH:

(a) County Cook
(b) City or town Brunston
(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 none (Specify whether
In this community home (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ARTHUR COOK

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MILA B. COOK 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 1 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 30 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business NONE

12. Name EDWARD COOK

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

14. Maiden name UNKNOWN

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

16. (a) Informant EARL COOK

(b) Address Brunston Mo

17. (a) Brunston (b) Date thereof June 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunston Mo

18. (a) Signature of funeral director L. M. Parker

(b) Address Brunston Mo

19. (a) 6-6-41 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cook
(c) City or town Brunston
(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 May day 30
year 1941 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Apr 1, 1941, to May 30, 1941; that I last saw him alive on May 30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema of left side
Due to clot on pulmonary artery on the drum

Due to Facility
Other conditions (Include pregnancy within 3 months of death) 820

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Clark (M.D. or other) _____
Address Brunston Mo Date signed 13/1/41

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

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

700

Handwritten notes and scribbles, including the word "Mortuary" and other illegible markings.

RECEIVED
District Health Officer No. 8
Practice File Number
Date Filed 6-12-47

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.....
myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. G. Parker*
Licensed Embalmer No. *25-47*
P. O. Address *Buncitaw mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.