

No. 2
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FILED JUN 19 1947

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18523

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 44

1. PLACE OF DEATH:
 (a) County NEWTON
 (b) City or town NEOSHO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: SALE-BOWMAN HOSP
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 WEEK OR 7 DAY
 (Specify whether
 In this community 7 DAYS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State ARKANSAS (b) County WASHINGTON
 (c) City or town SPRINGDALE
 (If outside city or town limits, write "RURAL")
 (d) Street No. RURAL
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME JOHN WILLIAM COOK
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 16
 year 41 hour 4 minute 30 A.M.
 21. I hereby certify that I attended the deceased from March 9
 1941 to March 16 1941;
 that I last saw him alive on March 16 1941;
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife _____ (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased AUGUST 1 1906
 (Month) (Day) (Year)

Immediate cause of death fracture of 5th + 6th Cervical vertebrae
 Duration 7 days
 Due to Car accident ✓
 Due to _____

8. AGE: Years Months Days If less than one day
34 7 15 hr. _____ min.
 9. Birthplace WILTY ARK
 (City, town, or county) (State or foreign country)

Other conditions Partial amputation of spinal cord
 (Include pregnancy within 3 months of death)

10. Usual occupation LABORER
 11. Industry or business FARMER
 12. Name HENRY CHARLES COOK
 13. Birthplace UNKNOWN IND
 (City, town or county) (State or foreign country)
 14. Maiden name ALICE CROW
 15. Birthplace UNKNOWN IND
 (City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant HENRY CHARLES COOK
 (b) Address SPRINGDALE ARK
 17. (a) Burial (b) Date thereof 3-18-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gravesley

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence March 9-41 1941
 (c) Where did injury occur? Route M. Donald MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road near Route M, MO
 3 While at work? no (Specify type of place) (e) Means of injury car accident

18. (a) Signature of funeral director Bellison - M. J. Finney
 (b) Address Centerville Ark 71504
 19. (a) 5-28-41 (b) Donald E. Edwards
 (Date received local registrar) (Registrar's signature)

23. Signature Melvin P. Bowman (M. D. or other) MD
 Address Neosho, MO Date signed May 25-41

(Licensed Embalmer's Statement on Reverse Side)

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

15-10-39

17 Dec 6
98

RECEIVED

Health Officer No. 6,
District File Number 641-964
Date Filed JUN 16 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 Carey Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho 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, fact should be so stated above.

Registration District No. 609

Primary Registration District No. 4363

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neesho
(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 John William Cook
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Mar day 16
year 1941 hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death fract of 5th Cervical Vertebrae Duration 6

8. AGE: Years Months Days If less than one day
34 7 15 hr. _____ min. _____

Due to Car accident
Car went into ditch
Due to and over turned
Other condition Partial Severance of Spinal Cord
(Include pregnancy within 7 months of death)

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

10. Usual occupation _____

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) _____

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) accident

(b) Date of occurrence Mar 9 1941

(c) Where did injury occur? Pinnacle mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public rd near Pinnacle mo
(Specify type of place) (e) Means of injury _____

23. Signature M. C. Bowman (M. D. or other) _____

Address Neesho mo Date signed 4/14

SUPPLEMENTARY

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

MOTHER FATHER

S-18528 1941