

STANDARD CERTIFICATE OF DEATH

24555

State File No.

747

FILED AUG 4 1944

Registration District No.

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Mo. Methodist Hospital
(d) Length of stay: 7 Days
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2506 Lafayette
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME EMMETT FELTS COOK

3. (b) If veteran, name war World War
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Cook
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug 5 1872

8. AGE: Years 68 Months 11 Days 17
If less than one day hr. min.

9. Birthplace (near) Hemole Mo.

10. Usual occupation Doctor

11. Industry or business

12. Name John Cook
13. Birthplace Unknown Ky.
14. Maiden name Lydia Johnson
15. Birthplace Unknown Ky.

16. (a) Informant Mrs. Laura Cook
(b) Address 2506 Lafayette St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7-25-41
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) Date received local registrar July 25, 1944 (b) R. D. Neatlebusch (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd.
year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 30 1941 to July 22 1941.
that I last saw him alive on July 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism cerebral Duration 3 days

Due to arteriosclerotic heart disease (40)
with aortic fibrillation and
Due to intracranial thrombi

Other condition (Include pregnancy within 3 months of death)

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)
(b) Date of occurrence
(c) Where did injury occur?
(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 Dr. D. J. Hinson (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 7-24-41

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

AUG 1 1941

AUG 12 1941

AUG 14 1941

SEP 9 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.....

Carl W. Hause

Licensed Embalmer No.....

3955

P. O. Address.....

St. Joseph, 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.