

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25162
Registrar's No. 622

FILED AUG 15 1941

Registration District No. 318

Primary Registration District No. 5439

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

1. PLACE OF DEATH:

(a) County GREENE *N Campbell St*
(b) City or town Springfield *Rt 150*
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Springfield
(d) Street No. Unknown
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amos Wilson Cook

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 21 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 8
If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Cook (brother)
(b) Address 306 E. Chestnut - City
17. (a) Burial (b) Date thereof July 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director Dean Leonard Home
(b) Address Springfield Mo
19. (a) 7-31-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

784 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 7:30 minute 30P M.
21. I hereby certify that I attended the deceased from about
July 1st 1941, to July 29 1941;
that I last saw him alive on July 29 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic
Due to 93d
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none
(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) (e) Means of injury _____
While at work? _____
Signature James R. Amos (M. D. or other) _____
Address Springfield, Mo. Date signed 7-30-41

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.

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