

Registration District No. **6 1941**

Primary Registration District No. **3021**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
511 South Hall Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Hattie Francis Cook**

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

4. Sex **F.** / race **W.** 5. Color or **W.**
6. (a) ~~Single~~ married, **Married**

6. (b) Name of husband or wife **L. G. Cook** 6. (c) Age of husband or wife if alive **no data** years

7. Birth date of deceased **March 11, 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **23** If less than one day hr. min.

9. Birthplace **Galliton** **0 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **home**

12. Name **no data**
13. Birthplace **no data** **9 no data**
(City, town, or county) (State or foreign country)

14. Maiden name **Malvina Graham**
15. Birthplace **no data** **9 no data**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dau. Mrs. Alta Herndon**
(b) Address **Neodesha, Kansas**

17. (a) **Burial** (b) Date thereof **9/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carterville Cemetery**

18. (a) Signature of funeral director **Hedge Nelson**
(b) Address **Webb City, Missouri**

19. (a) **SEPT. 6. 41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **415**
(c) City or town **Webb City** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **511 South Hall** **2**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** **5**
year **1941** hour **1** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1941** to **Sept 5 1941**
that I last saw her alive on **Sept 5 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acidosis from starvation**

Due to **Cerebral edema of mouth**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **HSC**
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?

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

23. Signature **[Signature]** (M. D. or other) **0**
Address **WEBB CITY, MO** Date signed **9-8-41**

Duration

3 days

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Scorse

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.....

E. O. Hedge

Licensed Embalmer No.....

2859

P. O. Address.....

Webster

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.