. 2
3-40
-39
23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1402

State File No. 34114

Registrar's No. 4054

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: C.Gen.Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 26 days (Specify whether years, months or days)
In this community: 45 Years 0

2. USUAL RESIDENCE OF DECEASED: 048 3 8
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1315 Olive St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Mary Cook
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Fe
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John W. Cook
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: May 7 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	21	hr. min.

9. Birthplace (City, town, or county): Mo (State or foreign country): 0
10. Usual occupation:
11. Industry or business: House Wife
FATHER
12. Name: Gunter
13. Birthplace (City, town, or county): Mo. (State or foreign country): 0
MOTHER
14. Maiden name: Un Known
15. Birthplace (City, town, or county): Un Known (State or foreign country): 4
16. (a) Informant: John W. Cook
(b) Address: 1315 Olive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 31 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope K.C.K
18. (a) Signature of funeral director: Mrs. C.L.Forsters
(b) Address: 918 Brooklyn
19. (a) 10/31/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th year 1941 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from 10-2-41, 19..., to 10-28-41, 19...; that I last saw her alive on 10-28-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death (Duration)
Coronary occlusion; mycardial infarction
Carcinoma of stomach
Due to 1 B 4 6 1
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: See above

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? (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: Willy R. Thorn (M. D. or other) ()
Address: Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Signed: Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.