

Registration District No. 26

Primary Registration District No. 8002

1. PLACE OF DEATH

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)  
In this community 3 days

3. (a) PRINT FULL NAME JACKIE ALBERTO COOK

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

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased Aug 26 1941  
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name Berlin Cook  
13. Birthplace Sturgeon Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Joyce Williams  
15. Birthplace Centralia Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Berlin Cook

(b) Address 811 E Lafayette

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

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director Wesley Meely

(b) Address 101 N Western Meely mo

19. (a) September 17-41 (b) Blanche Meely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico (If outside city or town limits, write "RURAL")  
(d) Street No. 811 E Lafayette (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th  
year 1941 hour 12<sup>0</sup> minute 0 M.

21. I hereby certify that I attended the deceased from 9-13-41  
here, 1941 to 9-16, 1941;  
that I last saw him alive on 9-16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Deblility  
Bronchial Pneumonia  
Duration 9-13-41

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: 158

Of operations

Of autopsy none  
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?

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

23. Signature Harry F. O'Brien (M. D. or other)

Address Mexico mo Date signed 9-17-41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1928

Date Filed OCT 24 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 Marie Robards

Licensed Embalmer No. 3572

P. O. Address Merrie 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.