

FILED NOV 12 1941

Registration District No. _____

Primary Registration District No. **511573 E**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Missouri Township**
(c) Name of hospital or institution: **Missouri Township**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Franklin**
(d) Street No. **Columbia, Rte 3**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JAMES W. COOK

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Richard Hopper** 6. (c) Age of husband or wife if alive in **1** year, years
7. Birth date of deceased **Feb 8 1866** (Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Franklin, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James H. Cook**

13. Birthplace **Franklin, Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Stutten**

15. Birthplace **Franklin, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Head Lee Cook**

(b) Address **Columbia, Rte 3**

17. (a) **Funeral** (b) Date thereof **Sept 3 '41** (Month) (Day) (Year)

(c) Place: burial or cremation **Valley Springs**

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Oct 27, 1941** (Date received local registrar) (b) **Mary M. Angell** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1** year **1941** hour **7:00** minute **0** A. M.

21. I hereby certify that I attended the deceased from **4-26**, 19**41**, to **8-29**, 19**41**; that I last saw him alive on **Aug 29**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Organic valvular heart disease**

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

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

23. Signature **F. B. Williamson** (M. D. or other) _____

Address **Columbia, Mo** Date signed **9-24-41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

Charles Parry
.....
Licensed Embalmer No. *14132*
P. O. Address *Columbia, Md.*

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.