

Registration District No. 4-17

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH  
 (a) County Jasper Co.  
 (b) City or town Jasper  
 (c) Name of hospital or institution Freeman's Hospital  
 (d) Length of stay: In hospital or institution 1  
 In this community Transient

2. USUAL RESIDENCE OF DECEASED:  
 (a) State No record  
 (b) County Transient  
 (c) City or town Jasper  
 (d) Street No. unknown  
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Bradley Cook  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 23  
 year 1942 hour 11:50 minute P. M.

4. Sex Male  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced?  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased no record

21. I hereby certify that I attended the deceased from  
 did not see him alive  
 that I last saw him alive on  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Died as result of broken hip  
 due to fall in Hotel  
 (right hip)

8. AGE: Years 42  
 Months ?  
 Days ?  
 If less than one day min.

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

9. Birthplace no record  
 10. Usual occupation no record  
 11. Industry or business  
 12. Name no record  
 13. Birthplace  
 14. Maiden name  
 15. Birthplace

Major findings:  
 Of operations 186 a  
 Of autopsy 24

16. (a) Informant Freeman's Hospital  
 (b) Address Jasper Mo  
 17. (a) Date thereof 2-24-42  
 (c) Place: burial or cremation  
 18. (a) Signature of funeral director  
 (b) Address  
 19. (a) 1-26-42  
 (b) (Registrar's signature)

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) accident  
 (b) Date of occurrence Jan 15, 1942  
 (c) Where did injury occur? Hotel  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 23. Signature R. A. Webster  
 Address Carthage Mo Date signed Jan 24

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

19  
2  
3

42-1-93

**STATEMENT BY LICENSED EMBALMER**

*[Handwritten initials]*

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.**