

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6614

FILED MAR 20 1942

Registration District No. 389

Primary Registration District No. 488

Registrar's No. 29

1. PLACE OF DEATH: Gentry

(a) County King City *Miss*

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community All of life. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry *38*

(c) City or town King City (If outside city or town limits, write "RURAL") *0*

(d) Street No. _____ (If rural, give location) *0*

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT Ruby Kathrine Cook.
FULL NAME

3. (b) If veteran, no name war

3. (c) Social Security No. no

4. Sex Female 5. Color or race Cau

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank H. Cook. 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Sept. 1, 1905 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace King City, MO (State or foreign country) *(1)*

10. Usual occupation Housework.

11. Industry or business _____

12. Name Thos. J. Deiter.

13. Birthplace Clinton Co. (City, town, or county) (State or foreign country) *Mo (1)*

14. Maiden name Sadie A. Wyatt.

15. Birthplace DeKalb Co. (City, town, or county) (State or foreign country) *Mo (1)*

16. (a) Informant Frank H. Cook

(b) Address King City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.7.1941 (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. S. Haggard.

(b) Address King City Mo.

19. (a) 2/28/42 (Date received local registrar) (b) Homer R. Decker (Registrar's signature)

1108 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1941 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus right and left kidneys metastasis throughout body

Due to _____

Due to _____

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

Major findings: 488

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 Dr. Jack A. Barner (M. D. or other) *200*

Address King City, Mo. Date signed 12/5/41

Duration 4 years

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 *R. G. Taggart*.....

Licensed Embalmer No. 2563.....

P. O. Address King City 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.