

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6653**
Registrar's No. **95**

Registration District No. **378**

Primary Registration District No. **2001**

39
2
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene **39**
(c) City or town Walrus Iron **0**
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R-2041 **1**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORRA EATHER COOKSEY
(b) If veteran, name war NO
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3rd
year 1942 hour _____ minute _____ P. M. _____
21. I hereby certify that I attended the deceased from Jan 26 to Feb 3 **42**
that I last saw her alive on Feb 3 **1942**
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife James H. Cooksey
(c) Age of husband or wife if alive 52 years

Immediate cause of death _____
Carcinoma of ovary with peritoneal implants Primary Ovary Exhaustion
Due to _____ **Unknown**
Other conditions (Include pregnancy within 3 months of death) 49a

8. AGE: Years Months Days If less than one day
32 4 19 hr. _____ min. _____

9. Birthplace Unknown Kansas (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business housekeeping
12. Name E. L. Cooksey
13. Birthplace Cedar County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Janice Kern
15. Birthplace Unknown Kansas (City, town, or county) (State or foreign country)

Major findings: Of operations Carcinoma of left ovary Abdominal carcinomas
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant James H. Cooksey
(b) Address Walrus Iron Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Gene A. Brims
(b) Address Walrus Iron Mo
19. (a) Feb-6-1942 (Date received local registrar) (b) D. W. H. Haedley (Registrar's signature)

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 Robert Glynn (M. D. or other) **42**
Address Springfield Mo Date signed 2/5/42

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.....

Bernard Wright....., Registered Apprentice No. *799*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *7664*

P. O. Address. *Walter Iron 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.