S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11454

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 46

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

13
3
2

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McDONALD Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Neosho 07.3
(If outside city or town limits, write "RURAL")
(d) Street No.: E. McKinney St. 3
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: EDGAR COOKSEY
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: MALE 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: MARCH (Month) 30 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
62	0	1	hr. min.

9. Birthplace: GALT (City, town, or county) 0 MISSOURI (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: GEORGE COOKSEY
13. Birthplace: (City, town, or county) ILLINOIS (State or foreign country)
MOTHER 14. Maiden name: HANNAH MARTIN
15. Birthplace: (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant: Pete Cooksey
(b) Address: Ft. Smith Arkansas
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: WINSLOW ARKANSAS
18. (a) Signature of funeral director: Corley Thompson
(b) Address: Neosho Mo.
19. (a) 4-2-42 (Date received local registrar) (b) Corley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1942 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from March 27, 1942, to March 31, 1942; that I last saw him alive on March 31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 94-A

Major findings:
Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: C. E. Manesis (M. D. or other) M.D.
Address: Neosho Mo. Date signed 4-2-42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-566
Date Filed APR 16 1942

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 Andrew Forbes

Licensed Embalmer No. 3649

P.O. Address Neosho, 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.