

Registration District No. 687

Primary Registration District No. 5915

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution Near Esalia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 82

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Addie G. Cookfield

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 11th, 1942 to March 12, 1942
that I last saw h.c.r. alive on March 12, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black

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 Mar. 1940
(Month) (Day) (Year)

Immediate cause of death _____
Acute nephritis
Due to Otitis media?
Due to Scarlet fever?

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

Major findings: _____
Of operations _____

Of autopsy _____

8. AGE: Years _____ Months 12 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

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

MOTHER FATHER

11. Industry of Business _____

12. Name Jacob Cookfield

13. Birthplace South America-Guina
(City, town, or county) (State or foreign country)

14. Maiden name Essie Doby

15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Doby

(b) Address Esalia Mo.

17. (a) Rural (b) Date thereof Mar 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Esalia, Cal Bumbrey

18. (a) Signature of funeral director W. J. Hazzard

(b) Address Esalia Mo.

19. (a) Mar. 13 1942 (b) W. J. Hazzard
(Date received local registrar) (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 2

23. Signature W. J. Hazzard (M. D. or other) No.
Address Esalia Mo. Date signed 3-12-42

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

1/2
0
0

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.....

This body was not embalmed. Registered Apprentice No.....
working under my personal supervision.

Signed *Norman E. Gooch*

Licensed Embalmer No. *2442*

P. O. Address *Esolia 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.