

S. No. 2  
DM-9-441  
Ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14518

State File No. ....

FILED MAY 21 1942

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE (City)

(c) Name of hospital or institution: INDEPENDENCE SANITARIUM & HOSPITAL

(d) Length of stay: In hospital or institution SEVEN DAYS

In this community 24 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town INDEPENDENCE (RURAL)

(d) Street No. 822 S. HARKLESS AVE.

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MRS. MARY RUTH COOK

(b) If veteran, name war NO.

(c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

(b) Name of husband or wife GEORGE L. COOK

(c) Age of husband or wife if alive 49 years

7. Birth date of deceased 7 23 1897

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>8</u>	<u>9</u>	.....hr. ....min.

9. Birthplace STANBURY MISSOURI

10. Usual occupation HOUSEWIFE

11. Industry or business HOMEMAKING

12. Name ALBERT LEAVERTON

13. Birthplace QUINCY ILL.

14. Maiden name ELLA OAKS

15. Birthplace MARSHALLTOWN IOWA

16. (a) Informant George L. Cook

(b) Address 822 S. HARKLESS INDEP. MO.

17. (a) BURIAL (b) Date thereof 4-4-42

(c) Place: burial or cremation MOUND GROVE

18. (a) Signature of funeral director Henry W. Stahl

(b) Address 815 W. MAPLE AVE. INDEP. MO.

19. (a) Apr. 3-1942 (b) James Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2

year 1942 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar. 26 1942 to Apr. 2 1942

that I last saw her alive on Apr. 2 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Massive Lobar Pneumonia

Duration 10 1/2 d.

Due to X

Due to X

Other conditions X

Major findings: Of operations X

Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(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?

23. Signature Chas. F. Grabske (M. D. or other) 0

Address Chas. F. Grabske, M. D. Date signed 4/3/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*Henry W. Stahl*

Licensed Embalmer No.

*3181*

P. O. Address

*Indep. 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.**