. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14884

Registration District No. 528 Primary Registration District No. 4314 Registrar's No. 5

1. PLACE OF DEATH:

(a) County MACON
(b) City or town CALLAO Mo
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON
(c) City or town CALLAO
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ROXIE E. COOK

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PHINEAS G. COOK
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased FEBRUARY (Month) 25 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
67	1	11	— hr. — min.

9. Birthplace MILAN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation DOMESTIC
11. Industry or business —

FATHER
12. Name B. P. DORONES
13. Birthplace (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name —
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mr P. G. COOK
(b) Address CALLAO, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation NEW CAMBRIA, MO
18. (a) Signature of funeral director W. G. Edwards
(b) Address Bevier Mo
19. (a) Apr. 15 '42 (Date received local registrar) (b) W. F. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6th year 1942 hour minute M.
21. I hereby certify that I attended the deceased from April 3, 1942, to April 6, 1942 that I last saw her alive on April 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL APOPLEXY	3 days
Due to Hypertensive Heart Disease	12 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature A. L. Hurden (M. D. or other) D.O.
Address Callao, Mo Date signed 4/10/42

1042 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-955
Date Filed MAY 12 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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.