

FILED MAY 21 1942

State File No.

Registration District No. 33

Primary Registration District No. 6024 B

Registrar's No. 5

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Frank Clay, Mo. Ransioh
(c) Name of hospital or institution: Top
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life Time
In this community Life Time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Frank Clay, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Valentine Cooksey

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

4. Sex Male race white 5. Color or 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 2 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 7 11 hr. min.

9. Birthplace St. Francois, Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John Cooksey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Margrete Floral
15. Birthplace St. Francois, Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Cooksey
(b) Address Frank Clay, Mo.

17. (a) Burial (b) Date thereof 4/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big River Cemet.

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Elvins, Missouri

19. (a) 4-21-42 (b) Byrdie Bukhremester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 4/12 1942 to 4/12 1942
that I last saw him alive on 4/12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Arteriosclerosis

Due to

Other conditions 83a
(Include pregnancy within 3 months of death)

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)

23. Signature Sparks (M. D. or other) 0
Address Franklin, Mo. Date signed 4-12-42

1196

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

94
00

RECEIVED

District Health Officer No. 4
District File Number 542-562
Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.