

FILED JUN 18 1942

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mercy Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Forest City (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 Albert David Cooksey

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 22 1942 to May 27 1942  
that I last saw him alive on May 27 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
7. Birth date of deceased January 1 1878  
(Month) (Day) (Year)

Immediate cause of death: Ruptured gastric ulcer - Perforated peritonitis  
Duration 8 days

8. AGE: Years 64 Months 4 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 117a

9. Birthplace Forbés Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations Perforated gastric ulcer  
Of autopsy No  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Cooksey  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Heaton  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Alice Cooksey  
(b) Address Oregon, Missouri

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 5-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Benton Cem. Forest City, Mo.

18. (a) Signature of funeral director James H. Pettijohn  
(b) Address Oregon, Missouri

23. Signature [Signature] (M. D. or other) DO.  
Address 823 Fallon St. Joseph, Mo. Date signed 5-27-42

19. (a) 5-27-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

11/4

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> ~~was~~ embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*James H Pittijohn*  
Licensed Embalmer No. *3192*  
P. O. Address *Oregon 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.**