

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18431

State File No.

Registrar's No.

FILED Ju. 1942
5327
Registration District No.

Primary Registration District No. 5722

1. PLACE OF DEATH:

(a) County Mason

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

(c) Name of hospital or institution:
Home north of New Cambria 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mason

(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 JACOB HENRY COOK

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1942 hour 8 minute — M.

21. I hereby certify that I attended the deceased from June 1st 1942 to June 1st 1942
that I last saw him alive on June 1st 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 married

6. (b) Name of husband or wife Molly Cook

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 31 1870
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis 1 hr

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>2</u>	<u>—</u> hr. <u>—</u> min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy NO

9. Birthplace West Valley, Ferguson, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Cook

13. Birthplace _____ Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Howard

15. Birthplace East Valley, Ind. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Molly Cook

(b) Address New Cambria, Mo.

17. (a) Burial (b) Date thereof June 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak

18. (a) Signature of funeral director J. E. Killeland, Son

(b) Address New Cambria, Mo.

19. (a) June 3, 1942 (b) Almena M. Killeland
(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 _____

23. Signature C. West (M. D. or other) _____

Address New Cambria, Mo. Date signed June 2 1942

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-42-129

Date Filed JUN 15 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

H. J. Gilleland

, Registered Apprentice No. _____

working under my personal supervision.

Signed

H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.