S. No. 2
M—1-4-41
v. 5-17-39
I X28390

40
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed SEP 8 1942

Registration District No. 132

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27212

Primary Registration District No. 4203

Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Galt (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 years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Grundy 40
(c) City or town: Galt (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓ 0

3. (a) PRINT FULL NAME: Mary Anvarala Cooksey
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: Single
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Nov. (Month) 25 (Day) 1862 (Year)

8. AGE: Years 79 Months 8 Days 14 If less than one day: hr. min.

9. Birthplace: (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: John S. Cooksey
FATHER 13. Birthplace: (City, town, or county) Ill. / (State or foreign country)
MOTHER 14. Maiden name: Mary A. Miner
MOTHER 15. Birthplace: (City, town, or county) Ill. / (State or foreign country)
16. (a) Informant: W. J. Cooksey
(b) Address: Galt Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Galt Mo
18. (a) Signature of funeral director: P. K. Payne & Son
(b) Address: Galt Mo
19. (a) 8-9-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1942 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-1-, 1942, to 8-8-, 1942 that I last saw her alive on 8-8-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	1 da.
Due to: arterio sclerosis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	
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: H. C. Weston (M. D.) MD
Address: Galt, Mo Date signed: 8-9-42

1202

(Licensed Embalmer's Statement on Reverse Side)

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.....P K Payne Jr.....

Licensed Embalmer No.....3400.....

P. O. Address.....Galt.....

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.