

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 27 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

100

*Spittel Thorsmark*  
28324  
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 333  
 (b) Township Richland Primary Registration District No. 8074  
 or City Sikeston (c) Street No. Sikeston General Hospital St.   
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Jackson Cook

(a) Residence, No. Senath mo. St.  Senath mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. O 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>29</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer  
 10. Date deceased last worked at this occupation (month and year) Sept 1938  
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkin Ind. 1

FATHER 13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 9

MOTHER 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 9

17. INFORMANT (ADDRESS) Mrs. Anna Cook, Senath mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Senath mo. DATE Aug. 18, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melch Funeral Home, Sikeston mo.

20. FILED 8-17, 1942 H. B. Thorsmark Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1942 to Aug 16, 1942  
 I last saw him alive on Aug 16, 1942 death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset 8-11-42

Other contributory causes of importance: Probably ruptured appendix

Name of operation none Date of   
 What test confirmed diagnosis?  Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury , 19  
 Where did injury occur?  (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury   
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify   
 (Signed) H. B. Thorsmark, M. D.  
 (Address) Sikeston, mo.

1039

RECEIVED

District Health Office No. 2,

District File Number 842-1082

Date Filed 8-26-42

---

---

**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.....

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Sikeston 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, above space should be left blank.**