S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37072

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 757

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 437 Cherry /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2 6

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 437 Cherry
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Clarence Cook

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

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

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

7. Birth date of deceased April (Month) 8 (Day) 1879 (Year)

8. AGE: Years ✓ 63 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Tidhioute (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railway Mail Clerk

FATHER
12. Name E.C. Cook /
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Ellen Ryan /
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs Henry Dashney
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-2442 (Date received local registrar) (b) S W E Handley (Registrar's signature)

784

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1942 hour Midnight minute ..... M.

21. I hereby certify that I attended the deceased from June 29, 1941, to Oct. 21, 1942, that I last saw him alive on Oct. 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulation	
Due to Esophageal tuberculosis	not known
Due to Pulmonary tuberculosis	
Other conditions Wasting: muscular. (Include pregnancy within 3 months of death)	

Major findings: Of operations XXXXXXXXX

Of autopsy XXXXXXXXX

13 b/

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) XXXXXXX

(b) Date of occurrence XXXXXXX

(c) Where did injury occur? XXXXXXX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXXXX (Specify type of place)

While at work? XXXXXXX (e) Means of injury XXXXXXX

23. Signature McBurth D.O. 2 XXXXXX

Address 219½ E. Olive St. Springfield, Mo. Date signed 10/23/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1944

NOV 23 1944

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.