

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN -7 1943

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 16

94  
0  
0

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

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Wortham  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Radcliff Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 79 years (Specify whether years, months or days)  
In this community 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Wortham  
(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 0

3. (a) PRINT FULL NAME SARAH COOKSEY

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

4. Sex Female 5. Color or race w 6. (a) Single (b) 2  
6. (b) Name of husband or wife John Cooksey 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased July 9 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business House wife

MOTHER FATHER { 12. Name Issac Bowen  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Cellie Robin son  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Denny Smith  
(b) Address Leadwood Missouri

17. (a) Adm. Cem. Frankl. Co. Mo. (b) Date thereof Dec. 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Adam Cemetery (Frankl. Co. Mo.)

18. (a) Signature of funeral director J. S. Boyer & SON  
(b) Address Leadwood, Missouri

19. (a) Dec. 15 1942 (b) Boydie Burkmaster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13  
year 1942 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept 10 1941 to Dec 13 1942  
that I last saw her alive on Dec 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease 2 yrs

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:  
Of operations  
Of autopsy

Duration  
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?

While at work (Specify type of place) (e) Means of injury  
23. Signature John W. Smith (M. D. or other)  
Address Leadwood Mo Date signed 12/13/42

1190

REIVED

Health Officer No. 4

District File Number 143-1537

Date Filed 1-5-43

**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 E. L. Boyer  
Licensed Embalmer No. 3245  
P. O. Address Leadwood 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.**