

FILED FEB 9 1943

Registration District No. 74

Primary Registration District No. 4136

Registrar's No. 31-6

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town PLATTSPURG
(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) _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARILYN E. COOK

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race col

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 3 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 16 _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Chas E. Cook

13. Birthplace Plattsburg Mo
(City, town, or county) (State or foreign country)

14. Maiden name Beatrice Sartin

15. Birthplace Plattsburg Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Sartin

(b) Address Plattsburg Mo

17. (a) Burial (b) Date thereof 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director J. Green Ryan

(b) Address Plattsburg Mo

19. (a) Jan 30 43 (b) mo a c Harrel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 16 1943
that I last saw her alive on Jan 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia Duration 4 days

Due to Malnutrition 1 Mo

Due to _____

Other conditions 150
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

Of _____

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 W. B. ... (M. D. or P. M.)

Address Plattsburg Mo Jan 17 43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

530

25
3
0

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

Danell D. Lyon

Licensed Embalmer No.

3640

P. O. Address

Plattsburg, N.Y.

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.