No. 2
-1-4-41
5-17-39

FILED FEB 5 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3030

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 39

80
6
4

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 705 East 5th / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community nine years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Missouri (b) County Pettis 6

(c) City or town Sedalia 4 (If outside city or town limits, write "RURAL")

(d) Street No. 705 East 5th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Margaret Cook

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased August 8, 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Cooper County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Isaiah Cornine
13. Birthplace unknown, Tennessee / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Taylor
15. Birthplace Cooper County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.W. Williams (dau.)

(b) Address 416 E. Chestnut, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (Month) (Day) (Year)

(c) Place: burial or cremation Berea Cemetery 3 miles east of Postal, Mo.

18. (a) Signature of funeral director Duane E. [illegible]

(b) Address Sedalia, Mo.

19. (a) 1/25/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1943 hour 11:10 minute P. M.

21. I hereby certify that I ~~attended~~ the deceased from Jan 23, 1943, to ..., 19..; that I last saw h— alive on —, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Evidently some Coronary disease probably sclerosis

Due to Died very suddenly without medical attendance

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature W. T. Beshof coroner (M. D. or other)

Address Sedalia Mo. Date signed 1-23-43

10 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 2-4-43

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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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.