S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16872

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2459

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 31 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 2404 Norton 8 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. ANNA LEE COOK
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Fe. 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bart R. Cook
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: July 9, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	29	hr. min.

9. Birthplace: Maryville, (City, town, or county) Missouri U (State or foreign country)
10. Usual occupation: Homemaker
11. Industry or business: None
FATHER
12. Name: Lafayette McDowell
13. Birthplace: Illinois (City, town, or county) I (State or foreign country)
MOTHER
14. Maiden name: Parmelia Wesley
15. Birthplace: Illinois (City, town, or county) I (State or foreign country)
16. (a) Informant: Bart R. Cook
(b) Address: 2404 Norton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.
19. (a) 5-10-43 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 8 year: 1943 hour: 10 minute: 43 A. M.
21. I hereby certify that I attended the deceased from 5/5/43, 19__, to 5/8/43, 19__; that I last saw her alive on 5/8/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema — 2 hr
Antecedent causes: ?
Due to: Ch. myocarditis — ?
Due to: Ch. hypertrophic cardiomyopathy — ?
Other conditions: Ch. Diabetes Mellitus — ?
(Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none
Duration: 13/a

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

23. Signature: D. D. Edmonds (M. D. or other)
Address: 1010 Exp. Bldg. K.C. Mo. Date signed: 5/9/43

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(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.