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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17836

State File No. .....

FILED JUN 3 1943

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 357

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: Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community ~~One year~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Miller R.R. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Louella Ethel Cooksey

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 Married

6. (b) Name of husband ~~or wife~~ Robert Cooksey

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 2 (Month) - 23 (Day) - 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	2	11	..... hr. ..... min.

9. Birthplace Dewey Okla. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Walter Butcher
13. Birthplace Unknown Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Beals
15. Birthplace Davis Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Cooksey
(b) Address Miller Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Sycamore

18. (a) Signature of funeral director Minnie Lemon
(b) Address Miller Mo.

19. (a) 5-8-43 (Date received local registrar) (b) D W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 2, 1943 ~~[illegible]~~, to May 4, 1943
that I last saw her alive on May 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sig. appendicitis

Due to .....

Due to .....

12 1/11

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

Major findings:
Of operations Gangrenous Ruptured Appendix
Of autopsy No

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 0

23. Signature E L Koeberg (M. D. or other)

Address Springfield Mo. Date signed 5-10-43

984 (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 G. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller 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.