

No. 2  
41  
-39  
K26330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 29

FILED APR 11 1943  
Registration District No. 4355

Primary Registration District No. 4355

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town NEW MADRID

(c) Name of hospital or institution: 1 No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

(c) City or town NEW MADRID  
(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 CEASE COOK

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

4. Sex M. 5. Color or race BLACK 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAMMIE COOK 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased MAY 22 - 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 0 If less than one day hr. min.

9. Birthplace NEW MADRID MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business FARMING

MOTHER FATHER { 12. Name CEASE COOK

{ 13. Birthplace NEW MADRID MO.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name VNK.

{ 15. Birthplace VNK VNK  
(City, town, or county) (State or foreign country)

16. (a) Informant MAMMIE COOK

(b) Address NEW MADRID, MO. R. 1

17. (a) BURIAL (b) Date thereof MAY 25 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAND HILL

18. (a) Signature of funeral director RICHARDS UNDER

(b) Address NEW MADRID, MO.

19. (a) MAY 24 1943 Alice Spitzer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22  
year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw h. in alive on MAY 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion Duration

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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)

(a) Means of injury.....

23. Signature R. R. Gamm (M. D. or other) D.O.  
Address New Madrid, MO Date signed 5-24-43

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

RECEIVED

District Health Office No. 2,

District File Number

643-835

Date Filed

8-11-43

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

*Les Hedgcock*

Licensed Embalmer No.

3803

P. O. Address

*New Madrid, 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.