

18601

X32873

FILED JUN 10 1948

Registration District No. 211

Primary Registration District No. 5911-4401

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community All life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 79

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Citizen of U.S.A. 0

3. (a) PRINT FULL NAME Ida Cook

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 10 minute 30 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Cook 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased January 19 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19, 1943 to April 19, 1943
that I last saw her alive on April 19, 1943
and that death occurred on the date and hour stated above.

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>57</u> | <u>3</u> | <u>0</u> |hr.min. |

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis and Hypertension

9. Birthplace Ingram Ridge, Missouri
(City, town, or county) (State of foreign country)

Other conditions (Include pregnancy within 3 months of death) 8301

10. Usual occupation At home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business as above

12. Name George Ingram

13. Birthplace Missouri
(City, town, or county) (State of foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State of foreign country)

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 J. R. Cole M.D. (M. D. or other)

Address Waynes, Mo. Date signed _____

16. (a) Informant Tim Cook

(b) Address Pascola, Mo.

17. (a) Burial (b) Date thereof Apr. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ingram Ridge Cem. Pascola

18. (a) Signature of funeral director J. L. Long

(b) Address Caruthersville, Mo.

19. (a) 6-1-43 (b) Mrs. J. R. Cole
(Date received local registrar) (Registrar's signature)

591 (Licensed Embalmer's Statement on Reverse Side)

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

00

5-43-211

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 J. L. La Forge
..... Licensed Embalmer No. 3082
..... P. O. Address Cauthersville, 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.