S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19165

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 116

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution: Fitzgibbons O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Mo (b) County SALINE O

(c) City or town RURAL - MARSHALL O
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Jane Ann Cook

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased May 16 (Month) 1943 (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) Mo O (State or foreign country)

10. Usual occupation No

11. Industry or business

FATHER
12. Name EZRA COOK
13. Birthplace NOVINGER (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name EUNICE L McMICKLE
15. Birthplace LINN Co (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mr EZRA Cook
(b) Address MARSHALL Mo

17. (a) May 17 (Burial, cremation, or removal) (b) Date thereof May 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge PARK

18. (a) Signature of funeral director Don Short
(b) Address MARSHALL Mo

19. (a) 6-2-43 (Date received local registrar) (b) Mrs T.O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 16, 1943, to May 17, 1943
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to app. 6-months

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 [illegible] (M. D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-9-43

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.