

FILED JUL 13 1943

Registration District No. **296**

Primary Registration District No. **4444**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County **Ray**

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

(c) Name of hospital or institution:
In Town of Camden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether years, months or days)

In this community **About 75 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE E COOK**

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

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ida Cook** 6. (c) Age of husband or wife if alive **14** years **1864**

7. Birth date of deceased **1 14 1864**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	24	hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Miner**

11. Industry or business **Coal Miner**

12. Name **Willie Cook**

13. Birthplace **Ray Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Elmira Turner**

15. Birthplace **Ray Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ida Cook**

(b) Address **Camden**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-10-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Cravens Cement**

18. (a) Signature of funeral director **C. V. Gibson**

(b) Address **Cruck Moberly**

19. (a) **June 10/43** (b) **Dr. G. T. Simmons**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray**

(c) City or town **Camden** **89**
(If outside city or town limits, write "RURAL")

(d) Street No. **no** **0**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **8**
year **1943** hour **30** minute **0** M.

21. I hereby certify that I attended the deceased from **June 4 - 1943** to **June 8 - 1943**
that I last saw him live on **June 4 - 1943** and that death occurred on the day and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Arterio-Sclerosis**

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

Major findings:
Of operations **JSA**

Of autopsy **JSA**

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? **E. E. Day** (Specify trade or place) (Means of injury)

23. Signature **E. E. Day** (M. D. or other)
Address **Richmond Mo** **6-9-43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-12-43

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 *Me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. V. Gibson*

Licensed Embalmer No. *2299*

P. O. Address *Crick 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.