

No. 2
5-42
5-17-39
X32287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 10 1943

Registration District No. 1790

Primary Registration District No. 3024

Registrar's No. 36

1. PLACE OF DEATH:

(a) County: Howard,

(b) City or town: Fayette,

(c) Name of hospital or institution: Lee Hosp,

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

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Howard,

(c) City or town: Fayette, Mo.

(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.....

3. (a) PRINT FULL NAME Sarah Major Cook,

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

4. Sex: Female 5. Color or race: White

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

6. (b) Name of husband or wife: Douglas Cook, 6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: November 14th 1905

8. AGE: Years Months Days If less than one day

37 9 8 hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: At home,

11. Industry or business.....

MOTHER FATHER { 12. Name: Sam Gollier Major

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

14. Maiden name: Elizabeth Simpson, (City, town, or county) (State or foreign country)

15. Birthplace: Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Denny,

(b) Address: Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-24th 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Ridge,

18. (a) Signature of funeral director: Guy T. Halley,

(b) Address: Fayette Mo.

19. (a) 8-25-1943 (Date received local registrar) (b) Conrad W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 22 year: 1943 hour: 7 minute: P.M.

21. I hereby certify that I attended the deceased from..... 19..... to: Aug 22 1943

that I last saw h.c. alive on: Aug 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: pulmonary edema Duration: Plus

Due to: metastatic carcinoma of both breast -

Due to: 50

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

Major findings: Of operations: not done

Of autopsy: not done

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature: W.P. Raech (M. D. or other) MD

Address: Aug 23, 1943 Date signed

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

Lee Hospital, Fayette, Mo.

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

9-9-43

JUL 1 1943

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

Guy T. Haring

Licensed Embalmer No.

2966

P. O. Address

Fayette 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.