

No. 2
-5-42
5-17-30
I X3578

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32207**

FILED OCT 9 1943

Registration District No. **257**

Primary Registration District No. **3048**

Registrar's No. **144**

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution: **St. Francis**
about 2 months
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Maupville**
(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..... **0**

3. (a) PRINT FULL NAME **Anna Elizabeth Cook**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **4**
year **1943** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **6-10**
19**43**, to **9-4** 19**43**
that I last saw her alive on **9-3** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **F**

5. Color or face **W**

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

6. (b) Name of husband or wife **William Edward Cook Deceased**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 25 1874**
(Month) (Day) (Year)

Immediate cause of death
Chr Myocarditis
Arterio Sclerosis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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

69 3 9 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **Fitzgerald**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs R. E. Wallace**

(b) Address **2935 Jerdon Rd**

17. (a) **Kalamazoo** (b) Date thereof **March 9 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Olivet**

18. (a) Signature of funeral director **St. Joseph's**

(b) Address **951 South Main Maupville**

19. (a) **Sept 9 - 43** (b) **Ann Barber**
(Date received local registrar) (Registrar's signature)

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 **Dr. Boyles** (M. D. **1943**)
Address **Maupville** Date signed **9-6-43**

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

MOTHER FATHER

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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address..... *Manville W*

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.