

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 291

Primary Registration District No. 4453

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam ⁸⁶

(c) City or town Unionville ⁰
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Mary Bertrude 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 J. N. Cook

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

7. Birth date of deceased: May 12 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 19 hr. _____ min. _____

9. Birthplace Clinton Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWORK

12. Name JAMES NOLTON

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

14. Maiden name Adelia Birk

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

16. (a) Informant Bra to Cook

(b) Address Unionville, Mo.

17. (a) Burial (b) Date thereof Sept 2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of general director C. M. Cook, Jr., Sec. Health

(b) Address Unionville, Mo. 64584

19. (a) 9-21-43 (b) [Signature]
(Date received local registrar) (Health Officer's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1943 hour 3 minute PM

21. I hereby certify that I attended the deceased from Oct - 1939 to Aug - 31 1943
that I last saw him alive on Aug 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Interstitial Nephritis ^{59R}

Due to General Sclerosis ^{1041X}

Due to _____

Other conditions (include pregnancy within 3 months of death) 131a

Major findings: Of operations _____

Of autopsy _____

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 J. M. [Signature] (M. D. or other)

Address Unionville Date signed 9/26/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-43-1710

Date Filed OCT 11 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: John N. Comstock

Licensed Embalmer No. 3891

P. O. Address. Unionville 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.