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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35210

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 291

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Marion~~ Ralls
(c) City or town RR #2 New London Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 087
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME James E. Cook
3. (b) If veteran, name war —
3. (c) Social Security No. 498-12-5753
4. Sex Male 0
5. Color or race White
6. (a) Single, ~~widowed, married, divorced~~ 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 29 (Day) 1922 (Year)

8. AGE: Years 20 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business Shoe Factory
FATHER
12. Name Sidney H. Cook
13. Birthplace (City, town, or county) West Va. 1 (State or foreign country)
MOTHER
14. Maiden name Ellen Willett
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mr. Sidney Cook
(b) Address New London ~~Hannibal~~ Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2 (Month) (Day) 1943 (Year)
(c) Place: burial or cremation Mt. Olivet Cemtery
18. (a) Signature of funeral director Jas. O'Donnell
(b) Address Hannibal Mo
19. (a) 10/1/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1943 hour 9 minute 15 P M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apparently Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 9/28/43
(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? No (e) Means of injury
23. Signature Wm. M. Smith Coroner (M. D. or other)
Address 902 Broadway Hannibal Mo. Date signed

1146 (Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.