

FILED DEC 10 1943

Registration District No. 1814

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Smelterville
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 2 years 22 days years, months or days)

3. (a) PRINT FULL NAME Robert Eugene Cook

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 6th 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 0 22 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name PVT. Finis Cook

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

14. Maiden name Mary Diamond
 15. Birthplace Cape Gir. County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Finis Cook

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 12-01-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetary

18. (a) Signature of funeral director L. L. Hamon

(b) Address Cape Girardeau, Mo.

19. (a) 12-3-43 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau 016
 (If outside city or town limits, write "RURAL")
 (d) Street No. Smelterville 14
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th
 year 1943 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from November 14, 1943 to November 28, 1943;
 that I last saw him alive on November 28, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 days
 Due to Pertussis 2 weeks

Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None made
 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 [Signature] (M. D. or other) M. D.
 Address 131 E. Kallis, Cape Girardeau Date signed 12-2-43

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

6
14

1814

Mo.

RECEIVED

District Health Officer No. 4
District File Number 1243-3064
Date Filed 12-9-43

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.....

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

Signed Howard P. Herman

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau, 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.