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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38372

NOV 18 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 269

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 NORTH SPRING INDEPENDENCE, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 56 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME CHARLES HENRY 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 MARRIED
6. (b) Name of husband or wife CLAUDIA V. COOK 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased JANUARY 27 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 17 hr. min.

9. Birthplace KING AND QUEEN Co VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED SALESMAN

11. Industry or business

MOTHER FATHER
12. Name FOUNTAIN WOOD COOK
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name ANN JUDSON JONES
15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant Cora May Cook Potson

(b) Address 7123 Grand - N.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director OTT MITCHELL

(b) Address 3102 1/2 Main - Independence, Mo.

19. (a) 10-16-1943 (Date received local registrar) (b) J. M. Sloss (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 7
(If outside city or town limits, write "RURAL")
(d) Street No. 405 North Spring 7
(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 Oct. day 14
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 27, 1943 to Oct 14, 1943;
that I last saw him alive on Oct 14, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 15 min
Due to Cardio-renal-vascular disease - hypertension 2 yrs
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 12/a
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 C. H. Allen (M. D. or other) MD
Address Independence, Mo. Date signed 10/16/43

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

7
R. J. Mitchell

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.