

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40838
State File No. _____
Registrar's No. 5105

Registration District No. 149

Primary Registration District No. 1602

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

1. PLACE OF DEATH:

(a) County Jackson,

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

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

(d) Length of stay: In hospital or institution 8 days / (Specify whether years, months or days)

In this community 30 years, / (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Claude Cooke

3. (b) If veteran, name war no.

3. (c) Social Security No. 487-01-7543

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances E. Cooke

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 24 1887
(Month) (Day) (Year)

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

56 10 109 hr. min.

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

Floorman

10. Usual occupation Department Store

11. Industry or business

MOTHER FATHER { 12. Name William H. Cooke,

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary B. Osborne,

15. Birthplace Tennessee, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances E. Cooke,

(b) Address 5318 Harrison, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-4-43 (Data received local registrar)

(b) T. C. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5318 Harrison, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1943 to December 3, 1943
that I last saw him alive on Dec 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

1. Virus Pneumonia (5 lobes) 5 days

2. Arteriosclerotic Cardiovascular

3. glomerulo nephritis.

Due to 106

Other conditions (Include pregnancy within 3 months of death)

Major findings: As above

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 Gerald B. Pees (M. D. or other) MD

Address Trinity Lutheran Hosp signed 12-4-43

Dr. Prentiss

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.....

Licensed Embalmer No. 1415

P. O. Address 120 1st

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.