

No. 2
-2-43
5-17-39
X35692

FILED JAN 19 1944
Registration District No. 1002

State File No. 5624
Registrar's No. 48

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 General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Cook

3. (b) If veteran, name war unk

3. (c) Social Security No. unk

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Sept 3 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation father

11. Industry or business Retired

12. Name Wesley Cook

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

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Cook

(b) Address 3317 E 26

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Park

18. (a) Signature of funeral director W. E. Washburn

(b) Address 3019 E. 26th St. Kansas City, Mo.

19. (c) Jan 30, 1944 (Date received from registrar)

W. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3317 E 26
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1943 hour 10 minute 20 A M.

21. I hereby certify that I attended the deceased from Reputy Coroner to Coroner, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Fracture Left Leg

Due to Auto Trauma

Other conditions (include pregnancy within 3 months of death) 170 lb

Major findings: Of operations Pedestrian

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence Dec. 18, 1943

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) Trauma

(Specify means of injury)

23. Signature W. E. Washburn (M. D. or Ch.D.) M.D.

Address 223 N. 1st St. Kansas City, Mo. Date signed 12/29/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.