

FILED FEB 9 1944

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 3

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Warrenton 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Edward Cook

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

4. Sex 0 male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 22, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 11 If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name James Cook
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Sublett
15. Birthplace Montgomery County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H. A. Cook

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J. W. Nielson & Co
(b) Address Warrenton, Mo.

19. (a) Jan. 6, 1944 (b) John A. Behrman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 21, 1943 to January 3, 1944
that I last saw him alive on January 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Chronic myocarditis

Due to.....
Other conditions (include pregnancy within 3 months of death) 93d

Major findings:
Of operations.....
Of autopsy.....

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 0
23. Signature John H. Deyer (M. D. or other) M.D.
Address Warrenton, Mo. Date signed Jan. 6, 1944

Duration Half an hour
Don't know several months
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1264

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 F O Guilberg
Licensed Embalmer No. 745
P. O. Address Warrington 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.