

FILED APR 7 1944
Registration District No. 1002

Primary Registration District No. 1002

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 46 years
(years, months or days)

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. 4721 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES T. COOK

3. (b) If veteran, name war No

3. (c) Social Security No. 707-05-815

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 29, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>28</u>	<u>27</u> hr. _____ min.

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

10. Usual occupation Car Repairing

11. Industry or business Burlington Railroad

MOTHER FATHER {

12. Name James Cook

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

14. Maiden name Malinda Reider

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

16. (a) Informant Mrs Margaret Cook

(b) Address 4721 Brooklyn

17. (a) Burial (b) Date thereof 3/28/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durkin and Palm Co.

(b) Address 20 West Linwood Blvd.

19. (a) 3-28-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1944 hour 5: minute 10 A.M.

21. I hereby certify that I attended the deceased from 3/25
1944 to 3/26 1944

that I last saw him alive on 3/25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac De-compensation
Chor. Nepruntis - Pedemur

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 13/18

Major findings:
Of operations _____

Of autopsy Cardiac De-compensation
Chor. Nepruntis

Duration _____

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 work) (e) Years of injury

23. Signature James D. Smith (M. D. or other) _____
Address 308 Prof. Bldg. KCMO. Date signed 3/27/44

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

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.