

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14369

FILED MAY 18 1944

Registration District No. 57900

Primary Registration District No. 4085

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Jessie Maud Cook

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Cook 6. (c) Age of husband or wife if deceased years

7. Birth date of deceased June 2 1881
(Month) (Day) (Year)

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

62 9 29 hr. min.

9. Birthplace Bridge Creek Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Kast

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

14. Maiden name _____

15. Birthplace Elizabeth Jaily, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby Fisher

(b) Address Hale Mo

17. (a) _____ (b) Date thereof 4 2 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McKibben Cem

18. (a) Signature of funeral director Frank Slater

(b) Address Hale Mo

19. (a) April 30-44 (b) Mrs Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1944 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Dec 9 1943 to Apr 1 1944
that I last saw her alive on Dec 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
on Dec 9 '43, in a fit of
despondency, took 1/2 oz of acid
Carbolic. Recovered from
immediate coma but the
Stomach never recovered, nor
the kidneys. Death from peritonitis

Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy none

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) results of trial

(b) Date of occurrence Dec 9 1943

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

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Hardy (M. D. or other) _____
Address Sumner Date signed 7/7/44

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-10-44

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 *Frank J. Slater*
Licensed Embalmer No. *937*
P. O. Address *State 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.