

FILED JUN 18 1944

State File No. _____

Registration District No. 198

Primary Registration District No. 4310

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Beruen
(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 _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon 61

(c) City or town Beruen 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY-LEE-COOK

3. (b) If veteran. name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1944 hour 8 minute _____ P.M.

4. Sex male 5. Color or Race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 5 22 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1944 to May 18 1944
that I last saw him alive on May 18 1944
and that death occurred on the date and hour stated above.

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death: Diabetes Mellitus End organ & arteriosclerosis

Due to _____

Due to _____

9. Birthplace: Beruen MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

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

Major findings: 61

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name William m cook

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Annie Grammer

15. Birthplace Messouri 0
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtle King

(b) Address Beruen MO

17. (a) Obit (b) Date thereof 5-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calles MO

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? _____

18. (a) Signature of funeral director: H. J. Edmund

(b) Address: Beruen MO

19. (a) 5-23-44 (b) Winnie J. Rowland
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature: P. L. Dunder (M.D. or other)

Address: Calles, Mo Date signed 5/20/44

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

RECEIVED

District Health Officer No. 10A

County File Number 6-44-1066

Date Recd JUN 9 1944

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 *A. J. Edwards*

Licensed Embalmer No. *7247 196*

P. O. Address *Bowie, Md*

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.