No. 2
9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5010

State File No. 20986

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Benton Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2 0

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

(d) Street No. Benton Twp
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nathaniel Sears Cook

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 mdower

6. (b) Name of husband or wife Rebecca Cook

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

7. Birth date of deceased 2 (Month) 7 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	26	hr. min.

9. Birthplace Eagleville (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name David Cook
13. Birthplace (City, town, or county) 1 Indiana (State or foreign country)

MOTHER
14. Maiden name Martha Jane Hopkins
15. Birthplace (City, town, or county) 1 Indiana (State or foreign country)

16. (a) Informant Mrs. Josie Cobb
(b) Address Savannah Mo

17. (a) Coffman Cem (Burial, cremation, or removal) (b) Date thereof June-5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Coffman Cemetery

18. (a) Signature of funeral director J. Fred Terbune
(b) Address Savannah, Mo

19. (a) 6-5-44 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Oct 1943, 1944, to June 3, 1944 that I last saw him alive on June 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46 e

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A H Kelley (M.D. or other)

Address Savannah Mo Date signed June 5-44

1012 (Licensed Embalmer's Statement on Reverse Side)

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 J. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.