

FILED JUN 23 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 506

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

62

1. PLACE OF DEATH: GREENE

(a) County GREENE

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

(c) Name of hospital or institution: 629 W. KEARNEY  
(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 Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 629 W. Kearney  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOU CASTY COOK

3. (b) If veteran, name was NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ALONZO COOK

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug. 27 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Polk Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife at Houder

11. Industry or business Mrs. Bunch

12. Name Mrs. Bunch

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

14. Maiden name Bunch

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

16. (a) Informant Alonzo Cook

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 6-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spoutane Mo.

18. (a) Signature of funeral director J. W. Kingman

(b) Address Spfld. Mo.

19. (a) 6-15-44 (b) J. W. Kingman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1944 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6/13 1944 to 6/14 1944  
that I last saw her alive on 6/13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute valvular heart disease  
Duration: 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: NO

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 place) (e) Means of injury \_\_\_\_\_

23. Signature: J. F. Harrison (M. D. or other)

Address: Springfield, Mo. Date signed: 6/14/44

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**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..... *Max Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

**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.**