

FILED JUL 11 1944

Registration District No. **295**

Primary Registration District No. **4442**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Higbee Mo.**
(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) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph 78**
(c) City or town **Higbee Mo.** (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 _____ **0**

3. (a) PRINT FULL NAME

John Cook

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male 2** 5. Color or race **Black**

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

6. (b) Name of husband or wife **Lillian Cook**

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

7. Birth date of deceased **June 6 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 5 hr. min.

9. Birthplace **Virgintal**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Brick Layer**

11. Industry or business

12. Name **Dont Know**

13. Birthplace **Dont Know 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**

15. Birthplace **Dont Know 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherin Cook**

(b) Address **Higbee Mo.**

17. (a) **Burial** (b) Date thereof **June 13 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Col. Cem. Higbee Mo.**

18. (a) Signature of funeral director **Joe W Burton**

(b) Address **Higbee Mo.**

19. (a) **6-30-44** (b) **Mrs. P. V. Meyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1944** hour **10** minute **30** p. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-renal vascular disease.** Duration **3 years**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **13/10**

Major findings: Of operations _____

Of autopsy _____

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 **2**

23. Signature **W. H. Knoch** (M. D. or other) **D.O.**

Address **Higbee** Date signed **6-12-44**

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

MOTHER FATHER

800

RECEIVED

District Health Officer No. 10

District File Number 7-44-1260

Date Filed JUL 10 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.....

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.