

-5-43
-V. 5-17-39
I X38671

FILED AUG 14 1944

Registration District No. **19449** Primary Registration District No. **1002**

1. PLACE OF DEATH
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **sev. hrs.**
In this community **5 yrs.**
years, months or days

3. (a) PRINT FULL NAME **George W Cook**
3. (b) If veteran, name war. **No.** 3. (c) Social Security No. **702-18-49973**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Meta** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Apr. 23 24 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **28** If less than one day hr. min.

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

10. Usual occupation **Employee of Postoffice Agency**

11. (a) Name **J. W. Cook**
(b) Address **unknown Kentucky**
(c) Birthplace **unknown Kentucky**
(d) Maiden name **Juliana Shivers**
(e) Birthplace **unknown Kentucky**

16. (a) Informant **Mrs. Geo. W. Cook**
(b) Address **Kansas City Mo.**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **Aug 3 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Jerard, Mo.**
18. (a) Signature of funeral director **Joyce Funeral Home**
(b) Address **3146 Main St.**

19. (a) **8-2-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2919 Woodland**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31** year **1944** hour **10:40** minute **P.** M.
21. I hereby certify that I attended the deceased from **Deputy Coroner**, 19...
that I last saw h... alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**
Due to **94a**
Duration

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy **See above**
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?

23. Signature **A. E. Upsher** (M. D. or other) **O.M.P.**
Address **2822 S. McClellan** Date signed **8/2/44**

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

MOTHER FATHER

care day of death

OCT 24 1958

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.....

Oscar Samuelson

Licensed Embalmer No. 3002

P. O. Address. 3146 Main

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ss.

State File No. _____
Local Registrar's No. 3157

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of August, 1944, before me appears Mrs. Geo W Cook, who, upon her oath, states that the original record of ^{birth}~~death~~ for Geo. W. Cook, died 7-31, 1944, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read 4-23-1873

Instead of _____ 4-24-1874

Item No. 8 should read 71 yrs 3 Mo. 8 Da

Instead of _____ 70 " 3 " 7 "

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Geo W Cook Informant
Relationship.

2919 Woodland
Present Address.

Subscribed and sworn to before me this 18th day of August, 1944.

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

NOV 20 1963

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