

S. No. 2
1-4-13-40
v. 5-17-39
X23159

24190

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 24 1944

Registration District No. 43

Primary Registration District No. 2007

Registrar's No. 220

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

1. PLACE OF DEATH
 (a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Stoddard **103**
 (c) City or town Bloomfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME THOMAS LLOYD COOK

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

20. DATE OF DEATH: Month July day 4
 year 44 hour _____ minute _____ M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from July 3, 1944 to July 4, 1944

6. (b) Name of husband or wife Mrs. Agnes Cook 6. (c) Age of husband or wife if alive _____ years

that I last saw him alive on July 3, 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug. 22, 1906
 (Month) (Day) (Year)

Immediate cause of death Concussion of brain
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>10</u>	<u>12</u>	hr. _____ min.

Due to _____

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

Due to _____

10. Usual occupation Factory worker

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

11. Industry or business _____

12. Name F. M. Cook

Major findings: Of operations None **548**

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

Of autopsy None

14. Maiden name Lella Kelley

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

16. (a) Informant Clyde Cook

(b) Address Bloomfield, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident **103**

17. (a) Burial (b) Date thereof July 8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Link Cemetery

(c) Where did injury occur? Bloomfield Stoddard Mo.
 (City or town) (County) (State)

18. (a) Signature of funeral director Chiles Und, Co.

(b) Address Bloomfield, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) 7-10-44 (b) L. Belle Kimmel
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature Wm. Humphreys (M. D. or other)

Address Poplar Bluff Mo. Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 744-980

Date Filed 7-20-44

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 *James O. Cooper*

Licensed Embalmer No. 4119

P. O. Address..... Bloomfield, 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.