. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

35
2
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24558

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 88

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Kennett Mo 35
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Billie Joe Cook
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced U
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 8 hr. min.

9. Birthplace Kennett (City, town, or county) Mo O (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Mason Cook
13. Birthplace Dont Know (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Laeni Chastine
15. Birthplace Cardwell (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Ilar Wesley
(b) Address Rector R-3 Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Rector Ark
18. (a) Signature of funeral director Lutz Und Co
(b) Address Kennett Mo
19. (a) 6-26-44 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 12 minute 45 p. M.
21. I hereby certify that I attended the deceased from 6-25 11:15 AM 1944 to 6-25 1944
that I last saw her alive on 6-25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia of pregnancy
Due to Eclampsia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

16 C

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 L. C. Wilson (M. D. or other) MD
Address Kennett, Mo Date signed 6-26-44

901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-935
Date Filed 7-5-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.