

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24781

Registration District No.

Primary Registration District No.

3023

Registrar's No.

114

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution In home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 yr. (Specify whether years, months or days)
In this community 47 yr.

3. (a) PRINT FULL NAME

Aminda Cook

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

Fe

5. Color or race w

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

6. (b) Name of husband or wife

Jacob

6. (c) Age of husband or wife if

alive 8-90 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

84 2 26

hr. min.

9. Birthplace

Lewis Co

(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Aminda Cook

13. Birthplace

Lewis Co

(City, town, or county)

MO
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county)

MO
(State or foreign country)

16. (a) Informant

Jacob Cook

(b) Address

Clinton MO

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7-4-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Lewy City MO

18. (a) Signature of funeral director

Frederick D. Newell

(b) Address

Clinton MO

19. (a)

July 3, 1944
(Date received by registrar)

(b)

Georgia Kitchen
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. 211 7 Water
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)?
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 1944 hour 8:00 minute PM

21. I hereby certify that I attended the deceased from July 29 to July 3 1944
that I last saw her alive on July 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Duration

5 years

Due to

Chronic Arteriosclerosis

unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

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)

(c) Means of injury

23. Signature

Frederick D. Newell (M. D. or other)

Address

Clinton MO

Date signed 7-3-44

RECEIVED

District Health Officer No. 7,

District File Number, 7-44-922

Date Filed 8-9-44

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

Fred W. Kueson

Licensed Embalmer No.

2478

P. O. Address

Clinton M.

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.