

Registration District No. **156** Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dropped dead in street, 10th & Empire
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **60 years** **3** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper** **49**

(c) City or town **Joplin Mo** **5**
(If outside city or town limits, write "RURAL")

(d) Street No. **206 McCoy**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRED COOK**

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

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

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

7. Birth date of deceased **January 18, 1876**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1944** hour **11:45** minute **A** M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw **Did not see him alive** alive on _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 **6** **1** hr. min.

Immediate cause of death **Coronary occlusion** Duration _____

Due to _____

9. Birthplace **Davis County, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

Other conditions (Include pregnancy within 3 months of death) **94a**

11. Industry or business _____

12. Name **Allen Cook**

13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Kelly**

15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Mollie Shaffer**

(b) Address **R#3, Joplin, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 21, 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

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? _____

18. (a) Signature of funeral director **Thornhill-Dillon Mort**

(b) Address **Joplin, Missouri**

19. (a) **7-19-44** (Date received local registers) (b) **Antonia Sudholter** (Registrar's signature)

23. Signature **P. Webster** (Specify type of place) (M. D. or other)
Address **Carthage, Mo.** Date signed **July 19, 44**

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

512

1264

44-7-625

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.