

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25996

FILED AUG 8 1944
Registration District No. 3829

Primary Registration District No. 4538

State File No. _____

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Piedmont 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 11

3. (a) PRINT FULL NAME Mary Lee Cook

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1944 hour 1:30 minute A M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fred Cook 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: 12 (Month) 9 (Day) 1873 (Year)

21. I hereby certify that I attended the deceased from 1-1-44 to June 29 1944
that I last saw her alive on June 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration _____
Arteriosclerosis

8. AGE: Years 70 Months 6 Days 20 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131R

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Illinois (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Randolph

13. Birthplace Don't know (City, town, or county) _____ (State or foreign country) 9

14. Maiden name Sis Butler

15. Birthplace Alabama (City, town, or county) _____ (State or foreign country) 1

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie E. Max

(b) Address 3300 Texas Avenue, St. Louis

17. (a) Memorial Cemetery Date thereof 7/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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 William Cook
Piedmont Mo.

(b) Address _____

19. (a) July 8 - 1944 (Date received local registrar)

(b) Mrs. Lattie Marshall (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. B. Dittus (M. D. or other) _____
Address Piedmont, Mo. Date signed 6-29-1944

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

RECEIVED

District Health Officer No. 4

District File Number 944-4148

Date Filed 8-5-44

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.....

Coker Funeral Home, Registered Apprentice No.....
working under my personal supervision.

Signed William Coker

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.