

X37923

REGISTRATION DISTRICT NO. 149

Primary Registration District No. 1002

Registrar's No. 3269

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-3-44-8-6-44
(Specify whether years, months or days)

In this community Unk 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 Virginia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gabriel Cook

3. (b) If veteran, name war None

3. (c) Social Security No. 496-09-7560

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from June 3, 1944 to August 6, 1944.

that I last saw her alive on August 6, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Walter Cook

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: December 25 1892
(Month) (Day) (Year)

Immediate cause of death Cerebral Vascular Accident Duration

8. AGE: Years 51 Months 7 Days 12-11 If less than one day hr. _____ min.

Due to Hypertension

9. Birthplace Hugo Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

Due to _____

Other conditions 83 a!
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Sam Nelson

13. Birthplace Hope Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Ella Bunning

15. Birthplace Hope Arkansas
(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 Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/10/44
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) 8-9-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Quincy, Mo. #2 600 E. 22nd Date signed 8/19/44

12/19

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 *J. J. Manlove*
Licensed Embalmer No. *3994*
P. O. Address *5503 Highland*

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.