V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV. 8 1944
Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38628

Primary Registration District No. 5112A

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ballinger

(b) City or town Rural Skapus

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

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger

(c) City or town Rural

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

(d) Street No. Near Skapus, Mo

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Radie Cook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fm 1

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased February (Month) 1 (Day) 1909 (Year)

8. AGE: Years 35 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Ballinger Co (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation house wife

11. Industry or business

MOTHER

12. Name Enoch James

13. Birthplace Ballinger Co. (City, town, or county) O Mo. (State or foreign country)

FATHER

14. Maiden name Setelda Hanners

15. Birthplace Ballinger Co. (City, town, or county) O Mo. (State or foreign country)

16. (a) Informant Nancy Hanners

(b) Address Bessville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation Putnam Cemetary

18. (a) Signature of funeral director Robert E. Brown

(b) Address Lutesville, Mo

19. (a) Oct 30, 1944 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from July 24th, 1944 to Sept 5th, 1944 that I last saw h alive on Sept 5th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro-Spinal Meningytis	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. Cyrus (M. D. or other)

Address Lesterville Mo Date signed 9/6/44

1067

(Licensed Embalmer's Statement on Reverse Side)

...IVED...
District Health Officer No. 4
District File Number 1144-4509
Date Filed 11-7-44

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 Paul T Hackney

Licensed Embalmer No. 3898

P. O. Address Cape Girardeau 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.