

FILED NOV 20 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4492

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 Hours
(Specify whether
In this community 4 1/2 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1524 Lake Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1944 hour 11 minute 7
21. I hereby certify that I attended the deceased from Nov 6, 7:30
1944 to Nov 6, 11 PM, 19 44

that I last saw him alive on 11-6-44, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute myocardial infarction
8 days of edema
Due to post. 514 streptococcus

Due to _____
Other conditions hypertension of 7 yrs. 3 grade
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy As Above
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: S. W. J. P. K. L. (M. D. or other) _____
Address 628 P. H. Bldg Date signed 11-7-44

3. (a) PRINT FULL NAME EDWIN COOK

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased Feb 20 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 16 hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Otto E Cook

13. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mason

15. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otto E Cook

(b) Address 1524 Lake Street, CK

17. (a) Burial (b) Date thereof 11/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Durkin & Tabin Co

(b) Address 20 We Linwood

19. (a) 11-7-44 (b) T. E. Burren (M.D.)
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Charles M. Turk

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.