

1. PLACE OF DEATH:

(a) County Clinton

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

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

(d) Length of stay: In hospital or institution XXXX
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

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

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

If yes, name country XXXX

3. (a) PRINT FULL NAME Grover C. Cook,

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1944 hour 9 minutes 30 P. M.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September 26, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 11, 1944, to Nov. 10, 1944, that I last saw him alive on Nov. 10, 1944, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>I</u>	<u>I4</u>	hr. _____ min. _____

Immediate cause of death Cancer of nasal cavity and accessory sinuses 3 yrs?

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 5'10"

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Joseph C. Cook

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

14. Maiden name FOR COOKSON

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lorena Cook

(b) Address Turney Mo

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Buried (b) Date thereof 11-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mirabelle Cem Caldwell Co.

(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 _____

18. (a) Signature of funeral director Ed Moore

(b) Address Cameron, Mo

23. Signature Henry W. Harris (M. D. or other) Dr.

Address Turney Mo Date signed 11/11/44

19. (a) Nov. 13th 1944 (Date received local registrar)

Mrs. Kathleen Harris (Registrar's signature)

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

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 *O. Moore*

Licensed Embalmer No. 1180

P.O. Address Cameron 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.