

FILED DEC 12 1944

State File No. _____

Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 313

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Blue Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1835 So. Roland
(If not in hospital or institution, write street number or location)

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

In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40

(c) City or town Rural - Blue Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 1835 So. Roland
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Elizabeth Howard Cook

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased September 6th, 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 3, 1944 to Nov. 30, 1944 and that I last saw her alive on Sept. 3, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Graves County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Berg Howard

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

14. Maiden name Mary Jane Jackson

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

16. (a) Informant Willie C. Cook

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 12-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director Palmer R. Speake

(b) Address Independence, Mo.

19. (a) 12-2-1944 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage Duration 3 mos

Due to Arteriosclerosis 3

Due to 83a

Other conditions Paralysis both lower extremities
(Include pregnancy within 3 months of death)

Major findings of autopsy: Arteriosclerosis, cerebral hemorrhage

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? _____

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

23. Signature Sheet Grasse (M. D. or other) _____
Address Independence, Mo. Date signed 12/2/44

MAY 21 1948

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..... *Roland B. Jenkins*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Independence, 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.