No. 2
1—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41406

FILED JAN 10 1945

Registration District No. 164 — Primary Registration District No. 3032 — Registrar's No. 119

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 514 West Gay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)
In this community: 68 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 514 W. Gay St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 11

3. (a) PRINT FULL NAME: Ida Margaret Williams Crook
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female 1
5. Color or race: White 2
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Charles W. Cook
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Nov. (Month) 14 (Day) 1857 (Year)

8. AGE: Years 87 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Williamstown (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Home
FATHER
12. Name: Cable Williams
13. Birthplace: Notknown (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name: Jane Crook
15. Birthplace: Notknown (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant: Lloyd Crook
(b) Address: Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Sweeney-Phillips
(b) Address: Warrensburg, Mo.
19. (a) Dec 5 1944 (Date received by local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1944 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from July, 1944, to Dec 4, 1944, that I last saw her alive on Dec 3, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis	Duration 5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis	5 yrs
Major findings: Of operations:	
Of autopsy: 131 b	

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: R. Lee Cooper (M. D. or other) MD
Address: Warrensburg Mo. Date signed 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.