

S. No. 2
M-5-42
ev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42193**

FILED JAN 12 1945
Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **205**

1. PLACE OF DEATH:
 (a) County **Saline**
 (b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Fitzgibbons hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days** (Specify whether
 In this community **all her life**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Saline** **97**
 (c) City or town **State St** **97**
(If outside city or town limits, write "RURAL.")
 (d) Street No. **1**
(If rural, give location)
 (e) Citizen of foreign country **No** (Yes or No)
 If yes, name country **Mo**

3. (a) PRINT FULL NAME **Nunie Louise Cook**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **No.**
 4. Sex **female** 5. Color or race **negro** 6. (a) Single ~~widow~~, married **married**
 6. (b) Name of husband or wife **Toggie Cook** 6. (c) Age of husband or wife at death **54** years
 7. Birth date of deceased **July, 1899**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **1st** year **1944** hour **11** minute **30** A. M.
 21. I hereby certify that I attended the deceased from **Sept. 15**, 19**44** to **Nov. 30**, 19**44**
 that I last saw her alive on **Nov. 30**, 19**44**
 and that death occurred on the date and hour stated above.

8. AGE: Years **45** Months **5** Days **hr.** min.

Immediate cause of death **Cerebral Embolism** **30 min**
 Due to **Appendicitis** **1/29/44**
 Due to **Septicemia** **1/29/44**

9. Birthplace **Saline County Mo. 17**
(City, town, or county) (State or foreign country)
 10. Usual occupation **housewife**
 11. Industry or business **FATHER**
 12. Name **George Mason**
 13. Birthplace **Saline Co. Mo. 0**
(City, town, or county) (State or foreign country)
 14. Maiden name **Fannie Wright**
 15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)
 16. (a) Informant **George Mason, Gilliam, Mo.**
 (b) Address **Burial**
 17. (a) **Burial** (b) Date thereof **12-4 1944**
(Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation **Slater- Mo.**
 18. (a) Signature of funeral director **Hill Brothers,**
 (b) Address **Slater, Mo.**
 19. (a) **12-4-44** (b) **Mo. T. Owselchok**
(Date received local registrar) (Registrar's signature)

Other conditions **121:2**
(Include pregnancy within 3 months of death)
 Major findings: **Ch. Appendicitis**
Of organs **Intestines, ovaries**
uterus, intestines
 Of autopsy **none**

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) **No.**
 (b) Date of occurrence **No.**
 (c) Where did injury occur? **None**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? **No.** (Specify type of place)
 (e) Means of injury **0**
 23. Signature **W. E. Lactant** (M. D. or other) **12-4-44**
 Address **Slater, Mo.** Date signed **12-4-44**

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

17
1
2

1215

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

1-10-43

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. 1

working under my personal supervision.

Signed

Sam M Hill

Licensed Embalmer No.

1292

P. O. Address

Slate 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.