

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945
141

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 26

Registration District No. _____

Primary Registration District No. 5551

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

006006

1. PLACE OF DEATH:

(a) County Patton
 (b) City or town Pattonville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RFD Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 75 Y.B.
years, months or days

3. (a) PRINT FULL NAME: Cora Cook

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

4. Sex 71 5. Color or race w 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased July 24 -
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jno H. Wadley
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Spl. Cook
 (b) Address Pattonville, Mo.

17. (a) _____ (b) Date thereof 7-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Corn Mountain

18. (a) Signature of funeral director Robertson
 (b) Address Pattonville, Mo.

19. (a) 2-9-45 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
 year 45 hour about 5:00 minute _____ a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death found dead in bed at 7:00 a.m. obviously died of heart attack

Due to _____

Due to _____

Other conditions 9504
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

Duration

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) _____
 (c) Manner of injury _____
 23. Signature _____ (City or town) _____ (State)
 Address Pattonville, Mo. Date signed 2/9-45

1125

RECEIVED

District Health Officer No 5,

District File Number 345124

Date Filed 3-2-45-

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.....

Licensed Embalmer No.....

P. O. Address.....

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.