

FILED MAR 16 1945

Registration District No. 277

Primary Registration District No. 4360

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Granby  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Thomas Marion Cook

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

4. Sex Male ( ) race White 5. Color or race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
7. Birth date of deceased Feb. 4, 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 10 If less than one day  
hr. min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name John Cook  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Dollar  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Vance  
(b) Address Granby MO.

17. (a) Burial (b) Date thereof 2-16-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetry

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman Mo.

19. (a) 2/24/45 (b) Lulu Hornwood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton  
(c) City or town Granby  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th.  
year 1945 hour 11 minute 10, A. M.

21. I hereby certify that I attended the deceased from Feb 12  
1945 to Feb 14 1945  
that I last saw him alive on Feb 14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Flu  
Duration 1 week

Due to 336  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 Dr. Adams (M. D. or other)  
Address Granby MO Date signed 2.21.45

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

MOTHER FATHER

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.

**RECEIVED MAR 14 1945**

District Health Officer No. ....

District File Number 245-31

Date Filed MAR 14 1945

Signed Marjellen Williams Tucker

Licensed Embalmer No. 4166

P. O. Address Foodman, 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.