S. No. 2
OM—5-43
v. 5-17-39
o 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20304

Registration District No. 20 Primary Registration District No. 4198 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Gentry.
(b) City or town King City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 76 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry. 38
(c) City or town King City Mo. 1
(If outside city or town limits, write "RURAL") 6
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Morris Cook.

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female. /

5. Color or race Cau.

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife Walter H. Cook.

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

7. Birth date of deceased April (Month) 17. (Day) 1861. (Year)

8. AGE: Years 84 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Dodge Co. (City, town, or county) Wiss. / (State or foreign country)

10. Usual occupation Housework.

11. Industry or business Same.

FATHER
12. Name George S. Kemp.
13. Birthplace (City, town, or county) England. 4 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace (City, town, or county) Scotland. (1 (State or foreign country)

16. (a) Informant A.A.Cook.
(b) Address King City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.30.1945. (Month) (Day) (Year)
(c) Place: burial or cremation King City Cem.

18. (a) Signature of funeral director R.L. Taggart
(b) Address King City Mo.

19. (a) July 2 1945 (Date received local registrar) (b) Homer N. Wheeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28. year 1945 hour 12 Midnight. minute M.

21. I hereby certify that I attended the deceased from January, 1943, to June 28, 1945, that I last saw him alive on June 28, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma primary in left eye with multiple metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 550

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

23. Signature Jack A. Barnes (M. D. or other)
Address King City, Mo. Date signed June 29 1945

1108

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 R. G. Taggart

Licensed Embalmer No. 2563.

P. O. Address King City 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.