7. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1945

State File No. 25159

Registration District No. 322 Primary Registration District No. 14472 Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline 97
(c) City or town: Slater 2
(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:

3. (a) PRINT FULL NAME: Walter James Cook
3. (b) If veteran, name war: no
3. (c) Social Security No. 487-10-5066
4. Sex: male
5. Color or race: negro
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Belle Cook
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Dec. (Month) 25 (Day) 1880 (Year)

8. AGE: Years 64 Months 6 Days 17 If less than one day hr. min.

9. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: laborer at ice plant
11. Industry or business:
FATHER 12. Name: James Cook
13. Birthplace: don't know (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Mary
15. Birthplace: (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Belle Cook
(b) Address: Slater, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: Hill Brothers
(b) Address: Slater, Mo.
19. (a) 7-17-45 (Date received local registrar) (b) Mrs. John Gigin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1945 hour minute a M.
21. I hereby certify that I attended the deceased from July 10, 1942, to July 12, 1945 that I last saw him alive on July 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Stomach	2 years
Due to: Metastasis from Carcinoma Prostate	about 3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
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: O. H. Sullivan (M. D. or other) M. D.
Address: Miami, Mo. Date signed 7/12/45

121 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

F-9-45

AUG 23 1945

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.