V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32608

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4395

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4321 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community Two Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4321 Madison 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Olive McClure Cook
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Louis H. Cook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14 (Day) 1862 (Year)

8. AGE: Years 83 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Jonesboro (City, town, or county) Ill. (State or foreign country)
10. Usual occupation housewife
11. Industry or business at home
FATHER
12. Name John McClure
13. Birthplace Alexander Co. (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Lydia H. Hargrave
15. Birthplace no record (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Oscar Nelson
(b) Address 4321 Madison
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Anna, Ill.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kans.
19. (a) 10-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from May 26, 1944 to Oct 25, 1945 that I last saw her alive on Oct 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Rt Metastases to Rt Lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

50

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

23. Signature William M. Corth (M. D. or other) MD
Address Professional Bldg Date signed 10/26/45

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(Licensed Embalmer's Statement on Reverse Side)

Prefs. Bldg. 609
Dr. Wm. M. Martin.

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 East 67th St
K.C. 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.