

FILED NOV 16 1945

Registration District No. ....

Primary Registration District No. 5776

Registrar's No. 64

1. PLACE OF DEATH **Mercer County**

(a) County **Mercer County**

(b) City or town **Mill Grove, Mo.**  
*W. Ashburnton*

(c) Name of hospital or institution **no**  
*148 p*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**  
*1* (Specify whether)

In this community **all his life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer** *65*

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL") *U*

(d) Street No. .... (If rural, give location) *U*

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **Floyd Cookman**

3. (b) If veteran, name war **World War 2**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **13**  
year **1945** hour **abt 10** minute **P** M.

21. I hereby certify that I attended the deceased from .....

....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;  
and that death occurred on the date and hour stated above.

4. Sex **male** race **white**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife .....

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

7. Birth date of deceased **Dec. 4, 1897**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**48 10 9** hr. min.

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

10. Usual occupation **farmer**

11. Industry or business .....

12. Name **Andrew Cookman**

13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ada Hall**  
(City, town, or county) (State or foreign country)

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

Immediate cause of death

Due to **Probably myocarditis**

Due to .....

Other conditions (include pregnancy within 3 months of death) .....

Major findings: Of operations **770**

Of autopsy .....

16. (a) Informant **Oliver Williams**

(b) Address **Mill Grove, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 15, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hamilton**

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? .....

(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 **Coroner**

18. (a) Signature of funeral director **Noel Moss**

(b) Address **Princeton, Mo.**

19. (a) **10/15/45** (b) **Evan Martin**  
(Date received local registrar) (Registrar's signature)

23. Signature **Coroner** (M. D. or other)

Address **Princeton, Mo.** Date signed **10-15-45**

MOTHER FATHER {

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11. Industry or business .....

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1367

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

NOV 26 1945

DEC - 5 1945

MAR 22 1946

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 M

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Mad Moss

Licensed Embalmer No. 2634

P. O. Address General M

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.