

Registration District No. **771946**

Primary Registration District No. **4267**

Registrar's No. **-10-**

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Odesse**
(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. **13 Yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Odesse**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No**
(Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Jasper Grover C. Cook**

(b) If veteran, name war. _____ (c) Social Security No. **709-10-8655**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

(b) Name of husband or wife. _____ (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased **March 10, 1885**
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **13** If less than one day hr. min.

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

10. Usual occupation **R.R. Signalman, Retired**

11. Industry or business

12. Name **Carl Cook**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Millie Ann Cook**
15. Birthplace **Blackwater, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mildred Walker**
(b) Address **Nelson, Mo.**
17. (a) **Burial** (b) Date thereof **Jan. 26, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c). Place: burial or cremation. **Nelson, Mo.**

18. (a). Signature of funeral director. **Husman-Sparks**
(b) Address **Odesse, Mo.**

19. (a) **Feb. 1 - '46** (b) **Fetter Drummond**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 1944** to **Jan 1946** that I last saw him alive on **Jan 20** 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Emp. death - Def. death from natural causes probably Coronary Occlusion**
Due to _____

Other conditions **Asthma & Hypertension**
(Include pregnancy within 3 months of death)
Heart disease

Major findings: Of operations **no operation**
Of autopsy **no 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) **no**
(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. Signaturer **M. D. or other**
Address **Odesse, Mo.** Date signed **1/23/46**

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

1462

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-5-46

SEP 3 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.....

W. T. Sparks

Registered Apprentice No. 305

working under my personal supervision.

Signed

Irving L. Husman

Licensed Embalmer No. 2541

P. O. Address Odesa, 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.