No. 2
—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3772

FILED JAN 25 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1017 Quinn 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1017 Quinn 3
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME OKA MAE COOK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Louis P. Cook

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 29 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	26	— hr. — min.

9. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Tracey
13. Birthplace — Indiana
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis P. Cook
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bevier Mo

18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo

19. (a) Dec 8-45 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1945 hour 6 minute 50 P M.

21. I hereby certify that I attended the deceased from Sept 1 1945, to Dec 1st 1945
that I last saw her alive on Dec 1st 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46b
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) 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Moberly, Mo. Date signed Dec 9/8

269 (Licensed Embalmer's Statement on Reverse Side)

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

100781

RECEIVED
District Health Officer No. 10
District File Number 1-46-112
Date Filed JAN 23 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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed E. E. Hopper

Licensed Embalmer No. 4260

P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.