

S. No. 2
T-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. **5120**

Registration District No. **107** Primary Registration District No. **3014** Registrar's No. **87**

35
2
2
4119
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County **Funklin**
(b) City or town **Kennett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Presnell Hospital**
(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 **Missouri** (b) County **Funklin**
(c) City or town **Kennett** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Martha Ann Cook**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **6**
year **1946** hour **10** minute **15** P. M.
21. I hereby certify that I attended the deceased from **2-1** 19**46** to **2-6** 19**46**
that I last saw her alive on **2-6** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color of hair **Bk** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J. A. Cook** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Jan 6** 18**88**
(Month) (Day) (Year)

Immediate cause of death: **Myo-Cardial heart Disease**
Due to **Hypertension**
Due to **Chronic Nephritis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **1315**

8. AGE: Years **58** Months **1** Days _____ If less than one day _____ hr. _____ min.
9. Birthplace: **Stoddard Co. Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Kennett**

MOTHER FATHER
11. Industry or business _____
12. Name **Frank Rubin**
13. Birthplace **Indiana, Tenn.** (City, town, or county) (State or foreign country)
14. Maiden name **Rob. Brown**
15. Birthplace **"** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **J. A. Cook**
(b) Address **Sevath, Mo.**
17. (a) **Burial** (b) Date thereof **2-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sevath**
18. (a) Signature of funeral director **Mrs. Permel Hunselder**
(b) Address **Sevath, Mo.**
19. (a) **2-23-1946** (b) **Earl Hunselder**
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury **D**
23. Signature **L. C. Wilson** (M. D. or other) _____
Address **Kennett, Mo.** Date signed **2-22-46**

RECEIVED

District Health Office No. 2

District File Number 346 - 318

Date Filled 3/4/46

MAR 11 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 Arthur J. McDaniel

Licensed Embalmer No. 2093

P. O. Address Senath MD

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.