

No. 2  
5-43  
-17-39.  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 15 1946 STANDARD CERTIFICATE OF DEATH**

5361

State File No. \_\_\_\_\_

Registration District No. 133

Primary Registration District No. 4205

Registrar's No. 20

**1. PLACE OF DEATH:**

(a) County Harrison  
 (b) City or town Kilman City Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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 16 year years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Harrison  
 (c) City or town Kilman City Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** BENJAMIN R. COOK  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb - day 3  
 year 1946 hour 1 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Feb - 2  
 \_\_\_\_\_ 1946 to Feb - 3 1946  
 that I last saw him alive on Feb - 3 1946  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive United years  
 7. Birth date of deceased: June 26 1883  
 (Month) (Day) (Year)

Immediate cause of death  
Aortic Insufficiency  
 Duration 12hr

**8. AGE:** Years 59 Months 7 Days 23  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Peter Cook  
 13. Birthplace in Maum  
 (City, town, or county) (State or foreign country)  
 14. Maiden name in Maum  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant St. Louis  
 (b) Address Kilman City Mo

17. (a) Burial (b) Date thereof Feb 5 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery  
 18. (a) Signature of funeral director W. Williams  
 (b) Address Kilman City Mo

19. (a) Feb 16 - 46 (b) Zeta Burris  
 (Date received local registrar) (Registrar's signature)

23. Signature J.C. WALKER D.O. (M. D. or other)  
 Address KILMAN City MO Date signed 2-13-46

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

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**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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.D. Haines*

, Registered Apprentice No.

working under my personal supervision.

Signed

*W.D. Haines*

Licensed Embalmer No.

*942*

P. O. Address

*Bellevue City 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.**