No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6081

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2117 N Florida 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rosa Belle Cooke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex f 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 19, 1857 (Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name T F Edward

13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

14. Maiden name Ann Dotson

15. Birthplace No record (City, town, or county) 4 (State or foreign country)

16. (a) Informant Miss Josephine Cooke

(b) Address 2117 N Florida, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 1-22-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Jan 15, 1946 that I last saw him alive on 1/14/46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia	9 Days
Due to: Fracture of left Hip	4 Days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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) Accident 122

(b) Date of occurrence 1/10/46

(c) Where did injury occur? Joplin Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fell

23. Signature Wm Dickinson (M. D. or other)

Address Joplin Mo Date signed 1/14/46

188 (Licensed Embalmer's Statement on Reverse Side)

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

46-1-74

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 F. M. Jones

Licensed Embalmer No. 2318

P. O. Address Joplin 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.