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DEPARTMENT OF HEALTH
BUREAU OF THE REGISTERS
FILED MAR 12 1946
Registration District No. 296

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4445

State File No. 6822
Registrar's No. 10

89
0
0

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

5773

1. PLACE OF DEATH:

(a) County RAY

(b) City or town Osrick
(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 _____ (Specify whether
In this community eight years years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN COOK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Henry Cook 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 16 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	- If less than one day
	<u>87</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Andrew Wells

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Clayton 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Henry

(b) Address Los Angeles, Calif.

17. (a) Burial (b) Date thereof 2-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

18. (a) Signature of funeral director B. W. Good

(b) Address Osrick, Mo

19. (a) 2-26-46 (b) Wells, J. H. (J. H. H. H.)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Osrick 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 21/46 19... to Feb 24/46 19...
that I last saw him alive on Feb 24/46 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia - 4 Days
(Due from Gas from fire
coal stoves)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy 109

Duration

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) _____

(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 2

23. Signature G. F. Sumner (M. D. or other) P.O.
Address Osrick, Mo Date signed 2/25/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No: 8,

District File Number

Date Filed 3-8-46

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 *Victor E. Leminger*

Licensed Embalmer No. *2896*

P. O. Address *Liberty, Missouri*

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.