No. 2
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X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9133

Registration District No. ~~318~~ 128 Primary Registration District No. 5466 Registrar's No. 288

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural T.S. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 da 2 hrs (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Sparta (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Helen Jane Cook
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, ~~married~~, ~~divorced~~ Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased 3 (Month) — 22 (Day) — 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 0	0	1	hr. 2 hrs min.

9. Birthplace Springfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business —
FATHER 12. Name Otis Aaron Cook
FATHER 13. Birthplace Quincy (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name Josephine Kibarth
MOTHER 15. Birthplace Miami (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Otis Cook
(b) Address Sparta, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Fair view Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo
19. (a) 3-30-46 (Date received local registrar) (b) D W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1946 hour 10 minute 30 AM.
21. I hereby certify that I attended the deceased from 3-24 1946 to 3-29 1946 that I last saw her alive on 3-29-46 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Congenital Heart Disease —
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 15 hr
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)
(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 R. C. Moehlenpah D.O. (M.D. or other)
Address Springfield, Mo Date signed 3-29-46

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Ozark Mo.

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.