

S. No. 2
M-3-13
v. 5-17-39
X37823

15496

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 30 1946

Registration District No. 3106

Primary Registration District No. 10241

Registrar's No.

1. PLACE OF DEATH

(a) County WASHINGTON

(b) City or town TOTOSI (RURAL)
(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 77-0-5 (Specify whether years, months or days)

In this community 77-0-5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

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

(d) Street No. 3 M. EAST, # 8 HIGHWAY
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY JOHANA COOK.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHNE COOK 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JAN 16 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 25 If less than one day hr. min.

9. Birthplace OLD MINES MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER } 12. Name ORYIL BEQUETTE

13. Birthplace OLD MINES MO
(City, town, or county) (State or foreign country)

14. Maiden name EMELINE ROBERT.

15. Birthplace OLD MINES MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant MAUDE COOK

(b) Address TOTOSI MO.

17. (a) BURIAL (b) Date thereof 2 14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TOTOSI MO.

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address TOTOSI MO.

19. (a) Mar-46 (b) Mrs. G. F. Braswell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 11 year 1946 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from July 1943 to Feb. 11 1946

that I last saw her alive on Nov. 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gsw

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? (c) Means of injury 0

23. Signature Joseph L. Therma (M. D. or other) Horton, Mo. Date signed 2-12-1946

Address

637

(Licensed Embalmer's Statement on Reverse Side)

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

14394

RECEIVED

District Health Officer No. 4

District File Number 446-202

Date Filed 4-29-46

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.....


Licensed Embalmer No. 4158

P. O. Address 10651 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.