

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20205

FILED JUL 10 1946

State File No. _____
Registrar's No. 2799

Registration District No. 799 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1623 Euclid Apt. 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1623 Euclid
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Authrie Lee Cooksey
3. (b) If veteran, name war no
3. (c) Social Security No. 499-16-2015

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1946 hour 11 minute _____ P. M.

4. Sex Fe 5. Color or race Col.
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Henry Cooksey
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct. 23 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____
to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
32 7 25 hr. _____ min. _____

Immediate cause of death Hypertensive Heart Disease
Due to _____
Duration 2 yrs.

9. Birthplace Pentiesville Okla.
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____
11. Industry or business Pratt Whitney
12. Name J. H. Fenner
13. Birthplace Baton Rouge La.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Scott
15. Birthplace Plain Healing La.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Fenner bro.
(b) Address 1616 Gasfield
17. (a) Removal (b) Date thereof 6-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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 _____

18. (a) Signature of funeral director Adkins
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 6-24-46 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature J. Williams (M. D. or other)
Address 2636 Brookly Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

19078

48
3
8
J

93

6-22-46

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.....

P. O. Address.....

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.