

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

State File No. _____

FILED AUG 15 1946

Registration District No. 5585

Primary Registration District No. 5585

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town rural - Madison Twnshp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Reeds Route 1
(If not in hospital or institution, write street number or location)

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

In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. Route 1, Reeds, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Ray Cook

3. (b) If veteran, name war ----

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 11 minute a M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: January 22 1934
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death: Gun wound -

Due to 12 ga. Rem shot wound in chest

Due to shard of bullet

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

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation student & at home

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Alty Cook

13. Birthplace Bale Oregon
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Reynolds

15. Birthplace unknown Colorado
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 49

(b) Date of occurrence 7/17/46

(c) Where did injury occur? field near Reeds Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) _____

(e) Means of injury Shot wound

23. Signature D.W. Berfelt (M. D. or other) _____

Date signed 7/18/46

16. (a) Informant Alty Cook

(b) Address Carthage, Mo., Route 1

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof July 20, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 7-19-46 (Date received local registrar)

(b) L.B. Reynolds (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

22913

129

46-7-620

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.....

Emmal Street

Licensed Embalmer No.....

391

P. O. Address.....

Cartage

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.