S. No. 2
—4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33979

Registration District No. 169 Primary Registration District No. 4250 Registrar's No. 66

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Edina 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard Cook
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Elmeda Hill Cook
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb - 29 - 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	7	2	hr. min.

9. Birthplace Edina (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Janitor.
11. Industry or business Knox County Court House.
FATHER
12. Name Richard Cook 0
13. Birthplace Knox County. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Martha Letitia
15. Birthplace Warrenton (City, town, or county) Va. (State or foreign country) /
16. (a) Informant Lea N. Cook
(b) Address 1419 Lathrop River Forest Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-3-1946. (Month) (Day) (Year)
(c) Place: burial or cremation Linville. Edina, Mo.
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.
19. (a) Oct 3 - 1946 (Date received local registrar) (b) Nell S. Hunnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st
year 1946 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan 1, 1943 to Oct 1, 1946;
that I last saw him alive on Sept 28, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	3 yrs
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
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 0
23. Signature F. E. Lemmon (M. D. ~~or other~~)
Address Edina Mo Date signed Oct 4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1942
Date Filed OCT 16 1945

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.