

FILED NOV 25 1946  
301

State File No. \_\_\_\_\_

Registration District No. 301

Primary Registration District No. 6032

Registrar's No. 2156

1. PLACE OF DEATH:  
(a) County Ripley  
(b) City or town Rural (Doniphan Township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ripley 91  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 mi. S.E. of Doniphan  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Allen Andrew Crook  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October, day 21, year 1946 hour 5: minute 00 A.M.  
21. I hereby certify that I attended the deceased from Oct. 20, 1946, to Oct. 20, 1946;  
that I last saw him alive on Oct. 20, 1946, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Martha E. Crook 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased: July 27 1860  
(Month) (Day) (Year)

Immediate cause of death: INTESTINAL OBSTRUCTION L. 18 HRS  
Duration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
86 2 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Green Crook

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

14. Maiden name Unknown

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

16. (a) Informant D. J. Crook

(b) Address Doniphan, Mo. R.F.D. #1

17. (a) Burial (b) Date thereof 10-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (c) Signature of funeral director L. W. Edwards

(b) Address Doniphan, Mo.

19. (a) 10-26-46 (b) DR Johnson  
(Date received local registrar) (Registrar's signature)

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature D. O. Hickey (M. D. or other) DO

Address Doniphan, Mo Date signed 10-28-46

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 Galjan Adamson

Licensed Embalmer No. 4351

P. O. Address Doniphan, 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.

Registration District No. 301 Primary Registration District No. 6032

1. PLACE OF DEATH: Ripley Rural  
(a) County.....  
(b) City or town.....  
(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..... years, months or days)

3. (a) PRINT FULL NAME Allen G. Cook  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased July 27 1890  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 0 If less than one day..... hr. 0 min. 0

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 1 year 1946 hour..... minute..... M.

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

Immediate cause of death.....

acute intestinal obstruction Duration 17 hrs.

Due to Mechanical closure

Due to Volvulus

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

Major findings: Of operations.....

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?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature A. Omar Fickes, D.O.  
Address Lompham Mo Date signed 12.3.46

SUPPLEMENTARY

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3685

38044