

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
459 Cherry St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 459 Cherry St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JANE HUDSON COOK

3. (b) If veteran, name war none

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1946 hour 8:30 A.M. minute

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Henry Cook

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

7. Birth date of deceased January 3, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10th 1946 to Dec 6th 1946 that I last saw her alive on Dec 6th 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 11 Days 9 If less than one day hr. min.

Immediate cause of death: Cerebral thrombosis Duration 1WK

Due to Hypertension

Due to Arteriosclerosis

Other conditions: Sclerosis, Arthritis chronic generalizd

(Include pregnancy within 3 months of death)

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

Major findings: None - G3B

Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation None

11. Industry or business None

12. Name UNKNOWN

13. Birthplace UNKNOWN
(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 Delbert Cook

(b) Address Springfield, Missouri

17. (a) BURIAL (b) Date thereof Dec. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Fred U. Thoms

(b) Address Springfield, Mo.

19. (a) 12-13-46 (b) W. Handley MD
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Where at work?

(Specify type of place) (e) Means of injury

23. Signature J. Newton Walkman M. D. or other
Address Springfield, Mo Date signed 12 Dec 46

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

35021

9
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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..... *Ralph H. Thomas*
Licensed Embalmer No..... *3681*
P. O. Address..... *Springfield, 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.