

FILED JAN 20 1947

State File No. _____

Registration District No. 280

Primary Registration District No. 6962

Registrar's No. 83

1. PLACE OF DEATH:
Platte
(a) County _____
(b) City or town Iatan Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Iatan 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Cynthia Ealy Cook
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24
year 1946 hour 5 minute a M.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allen E. Cook
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. 16, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
June 30, 1946 to Dec. 23, 1946
that I last saw him alive on Dec 23, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 70n Months 11 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death _____ Duration 2 days
Pneumonia, Lobar

9. Birthplace unknown Tenn. /
(City, town, or county) (State or foreign country)

Due to _____
Bronchiectasis 10 yrs
Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER {
12. Name George Neal
13. Birthplace Tenn /
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Tatum
15. Birthplace XX Tenn /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gilbert Matthews
(b) Address Weston, Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.
(d) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Mo.

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?

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 1-6-47 (b) Mrs. Ophia Rollins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. Gilbert (M. D. or other) 20
Address Weston, Mo. Date signed 1/24/47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.