

FILED JAN 17 1947

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)
 In this community **3 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1116 Cleveland**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mary Cook**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **JOHN M. COOK** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **FEBRUARY 25 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	8	hr. _____ min.

9. Birthplace **PITTSFIELD ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **EDWARD LANGAN**
 13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **BRIDGET QUINLAN**
 15. Birthplace **LIBERTY INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. LUCY GILLESPIE**
 (b) Address **1116 CLEVELAND**
 17. (a) **REMOVAL** (Burial, cremation, or removal) (b) Date thereof **1-4-47**
(Month) (Day) (Year)
 (c) Place: burial or cremation **HANNIBAL, MISSOURI**

18. (a) Signature of funeral director **J. J. [Signature]**
 (b) Address **3256 [Address]**

19. (a) **1-4-47** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **3**
 year **1947** hour **6** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Dec. 26 1946** to **Jan. 3 1947**
 that I last saw her alive on **Jan. 3 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to _____

Due to _____

Other conditions **Fr. of left hip**
(Include pregnancy within 3 months of death)

Major findings: **1860-5**
 Of operations **18**

Of autopsy **None**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **12-26-46**
 (c) Where did injury occur? **K. C. Jackson, Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard of home
 While at work? **No** (Specify type of place) (e) Means of injury **Fall**

23. Signature **[Signature]** (M. D. or other) **MD**
 Address **Med. Dir. Gen'l Hosp.** Date signed **1-3-47**

Dr. Cain

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 *Park G. Rowe*

Licensed Embalmer No. *112347*

P. O. Address *K. C. 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.