

S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10381**

FILED APR 10 1947

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **28**

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
675 N. Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community most of life
years, months or days

3. (a) PRINT FULL NAME Mary I Cook

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife O.G. Cook

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

7. Birth date of deceased Dec. 9 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER

12. Name W. W. Parker

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

14. Maiden name Mary Frances Nutter

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

16. (a) Informant Miss. Nelle Parker

(b) Address Richmond, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Mar. 14, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

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

(b) Address Richmond, Mo.

19. (a) March 15-47 (Date received local registrar)

(b) M. A. L. Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 675 N. Main St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13
year 1947 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 12 Mar 1947, to 13 Mar 1947,
that I last saw h. er alive on 13 Mar 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar

Duration 3 days

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
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)

(c) Means of injury _____

23. Signature J. Hendrick M.D. (M. D. or other)

Address Richmond, Mo. Date signed 15 Mar 47

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 470167

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, on by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....*E. H. ...*.....

Licensed Embalmer No. 2073.....

P. O. Address.....Richmond, 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.