No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31147

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3772

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: 3241 MONTGALL AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 26 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3241 MONTGALL AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME DORIS MARGARET COOK
3. (b) If veteran, name war no
3. (c) Social Security No. 500-22-0713
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. WALTER R. COOK
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased JANUARY (Month) 9 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	7	24	hr. min.

9. Birthplace CELINA (City, town, or county) OHIO (State or foreign country)
10. Usual occupation CASHIER
11. Industry or business BLANKENSHIP GRILL
FATHER
12. Name JOHN E. COOK
13. Birthplace CELINA (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name ALICE A. GRUNDEN
15. Birthplace CELINA (City, town, or county) OHIO (State or foreign country)
16. (a) Informant WALTER R. COOK
(b) Address 3241 MONTGALL AVENUE
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof SEPT. 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 9-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 2ND year 1947 hour 6:45 minute P M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute coronary occlusion	
Due to	
Due to Deputy Coroner	
Other conditions (Include pregnancy within 3 months of death) 940	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address 2800 Main Street Date signed 9-3-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John E. Graking, Registered Apprentice No. 5504, working under my personal supervision.

Signed Oscar Worthey

Licensed Embalmer No. 767

P. O. Address Kansas City

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.