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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31148**  
Registrar's No. **4118**

FILED OCT 11 1947

Registration District No. **749**

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:  
**339 Norton**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **No** (Specify whether years, months or days)

In this community **2 Months**

3. (a) PRINT FULL NAME **Cook, Walter Thompson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **M** Color or race **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lottie Kershner Cook**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **9 11 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**71 0 18**

9. Birthplace **Shenandoah, Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Cook**

13. Birthplace **DNK.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Esther Brigga**

15. Birthplace **DNK.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. J. Shields**

(b) Address **339 Norton**

17. (a) **Removal** (b) Date thereof **9/29/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carthage, Mo.**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **6606 Indep. Ave.**

19. (a) **9-29-47** (b) **A. Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **49**

(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL") **1**

(d) Street No. **3**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **1**

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **29**  
year **47** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **8/18/47**  
to **9/29/47**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h **im** alive on **9/28/47**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic (lober) Pneumonia**

Due to **Hypertensive heart disease**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **108**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

Means of injury **2**

23. Signature **Arnold J. Walker** (M.D. or other) **D.D**  
Address **3400 E. 31st** Date signed **9-29-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 John D. Sheil

Licensed Embalmer No. 23625

P. O. Address Kansas City, 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.**