

FILED NOV 12 1947
Registration District No. 3481

Primary Registration District No. 6179

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Pollock - Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105
(c) City or town Pollock - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Twp 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thelma Ardenna Cook

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F M / 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 9 - 26 1901
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days 3 If less than one day
hr. min.

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

10. Usual occupation Home work

11. Industry or business _____

12. Name Milton H. Cook

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

14. Maiden name Anna May Mortain

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

16. (a) Informant M.H. Cook
(b) Address Pollock - Mo

17. (a) Rural (b) Date thereof 10-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scabee Cem.
18. (a) Signature of funeral director Scherer
(b) Address Milton Mo

19. (a) Nov 3 - 1947 (b) Mrs. H.B. Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29
year 1947 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 9:30 AM Sept 29, 1947, to 11:45, 1947
that I last saw her alive on Sept 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death perforated gastric ulcer
Due to coronary embolism

Due to _____

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

Major findings: Of operations H7H
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)
(e) Means of injury _____

23. Signature James F.D. Little (M. D. or other) DO
Address Pollock Missouri Date signed 10-14-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

CK INK - MAKE A PERMANENT RECORD

WRITE PLAINLY - USE UNFADING

MOTHER FATHER

RECEIVED
District Health Office
District File Number 11-47-1532
Date Filed NOV 11 1947

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 Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Urbana Ill

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.