S. No. 2
M—5-43
. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44554

Registration District No. 801 Primary Registration District No. 6035 Registrar's No. 2236

1. PLACE OF DEATH:

(a) County RIPLEY COUNTY

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

(c) Name of hospital or institution:
15 MILES NORTH OF DONIPHAN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — — (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RIPLEY 91

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 15 MILES NORTH OF DONIPHAN ROUTE 2
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country — — —

3. (a) PRINT FULL NAME ANNA COOK

3. (b) If veteran, name war — — —

3. (c) Social Security No. — —

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN. (Month) 6 (Day) 1859 (Year)

8. AGE: Years 88 Months 11 Days 2 If less than one day hr. min.

9. Birthplace SEARCY CO. (City, town, or county) ARK 1 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business — — —

FATHER
12. Name WASH LINN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name RHODA MORRIS
15. Birthplace WAYNESBORO (City, town, or county) TENN. 1 (State or foreign country)

16. (a) Informant Rhoda Swafford
(b) Address Doniphan, Mo Route 2

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MANILA, ARK.

18. (a) Signature of funeral director P. E. Jordan
(b) Address Doniphan Mo

19. (a) 12-8-47 (Date received local registrar) (b) C D Johnston (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 8 year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 12-1-1947, to 12-8-1947; that I last saw her alive on 12-8-1947; and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis with a mitral regurgitation

Due to Asthma of long standing

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations B

Of autopsy 92

Duration

PHYSICIAN

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Edw. Adamson (M. D. ~~or other~~)

Address Doniphan, Mo. Date signed 12-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 14835
Date Filed 1-21-48

Not Embalmed

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. A. C. Jordan

Licensed Embalmer No. 3200

P. O. Address. Alamogordo

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.