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36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1948

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4253

State File No.

Primary Registration District No. 5245

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Charlton

(b) City or town Rural Keytesville Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Charlton County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital~~ or institution Institution 12 years
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Charlton 21

(c) City or town Rural Keytesville Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Charlton County Infirmary 2 M. E. of Keytesville
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH TURNER-COOK

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Don't know

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

7. Birth date of deceased March (Month) 7th (Day) 1875 (Year)

8. AGE: Years 72 | Months 11 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Mussellfork (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation farmer

11. Industry or business farming

FATHER
12. Name Joseph Turner Cook 0
13. Birthplace Mussellfork (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Susan Ruth Walton 0
15. Birthplace Jasper County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs James Taylor

(b) Address Menton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bulrich Cemetery

18. (a) Signature of funeral director Hyde & Garrett

(b) Address Keytesville Mo.

19. (a) 2/13/48 (Date received local registrar) (b) [signature] (Registrar's signature) 55

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 12 year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2 - 7, 1948, to 2 - 12, 1948 that I last saw him alive on 2 - 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83 a

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 0

23. Signature [signature] (M. D. or other)

Address Salisbury Mo. Date signed 2/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-3-48

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~~ This body Was Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed H. O. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.