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 OM-2-43
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **5579**
 Registrar's No. **13**

FILED FEB 25 1948

Registration District No. **236**

Primary Registration District No. **4352**

1. PLACE OF DEATH:

(a) County **Morgan**
 (b) City or town **Versailles**
(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 **7 Yrs**
(Specify whether years, months or days)
 In this community **7 Yrs**
years, months or days

3. (a) PRINT FULL NAME **Byron Rabb Cook**

3. (b) If veteran, name war **None**
 3. (c) Social Security No. **No**

4. Sex **Male**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Wilma Hunter Cook**
 6. (c) Age of husband or wife if alive **34** years
 7. Birth date of deceased **Feb. 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	0	11	hr. min.

9. Birthplace **Parker Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Fireman**

11. Industry or business

MOTHER FATHER { 12. Name **Charles Cook**
 13. Birthplace **No Record No Record**
(City, town, or county) (State or foreign country)
 14. Maiden name **Carlone Rabb**
 15. Birthplace **No Record No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilma Cook**
 (b) Address **Versailles, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Versailles Cemetery**

18. (a) Signature of funeral director **A. J. Russell**

(b) Address **Versailles, Mo.**

19. (a) **2-21-48** (b) **J. L. Washburn**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**
 (c) City or town **Versailles**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Versailles**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
 year **1948** hour **3** minute **00** p. a. m.

21. I hereby certify that I attended the deceased from **Jan 28**, 1944 to **Feb 20**, 1948
 that I last saw him alive on **Feb. 20**, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture aortic aneurism**
 Duration **few min**

Due to **Lucas** **4 yrs or more**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **30**
 Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature **A. J. Russell** (M. D. or other) **9/21/48**
 Address **Versailles Mo** Date signed _____

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

Date Filed 2-24-58
Original Filed 1-48-52
District Health Officer No. 7
RECEIVED

NOV 20 1956

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 *E. T. Keenell*

Licensed Embalmer No. 1596

P. O. Address *Keenell Ave*

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.