

No. 2  
-1/47  
-17-39

State File No. ....

Registrar's No. 80

FILED MAR 23 1948  
Registration District No. ....

Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Hospital No. 42  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 7 mos. 18 das.  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Charleston RURAL  
(If outside city or town limits, write "RURAL") 6

(d) Street No. Route 3  
(If rural, give location) 1

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

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

3. (a) PRINT FULL NAME ANNIE BELL COOK

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased September 1, 1899  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>5</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Charleston Missouri (/)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name William J. Cook

13. Birthplace Kentucky (/)  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Weakley

15. Birthplace Mississippi County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Farmington, Missouri

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cem., Charleston, Mo.

18. (a) Signature of funeral director Nunnelee Funeral Home  
(b) Address Charleston, Missouri

19. (a) 3-16-48 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18  
year 1948 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946, 19\_\_\_\_, to February 18, 1948,  
that I last saw her alive on February 18, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 2 das.  
Duration

Due to Congestive Heart Failure 12 das.

Due to Mitral Stenosis

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No autopsy.

PHYSICIAN \_\_\_\_\_  
Underline the cause of 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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John A. Brennan M.D. (M.D. or other) 1/2/48  
Address State Hosp #4, Farmington, Mo Date signed 2/2/48

RECEIVED

Health Officer No. 4

Title Number 348-374

Date 3-22-48

**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 \_\_\_\_\_  
\_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.