V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12504 1

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1372

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2049 E. 18th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 14 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 2047 1/2 E. 18th St (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LeRoy Cookesy
3. (b) If veteran, name war NO
3. (c) Social Security No. 513-14-4327
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 27. 1910 (Month) (Day) (Year)

8. AGE: Years 38 yrs Months 0 Days 28 If less than one day ..... hr. ..... min.
9. Birthplace Chocotah, Okla (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Construction
FATHER
12. Name Jimmy Cookesy
13. Birthplace Chocotah, Okla (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lillie Mason
15. Birthplace Muskogee, Okla (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Susie Mae Roberts
(b) Address 8-E-5th St. Coffeyville Ks.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Coffeyville, Ks
18. (a) Signature of funeral director Lola Davis
(b) Address 1513 Troost Ave
19. (a) 3-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 48 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration
Due to Internal Hemorrhage
Due to Stab Wound upper left chest
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 167
Of autopsy No-Permit

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) Homicide
(b) Date of occurrence 3-26-48
(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public - Tavern - 2049 E-18 (Specify type of place)
While at work? (e) Means of injury Stab Wound
23. Signature [illegible] (M. D. or other) D.C.
Address 2636 Brooklyn Date signed 3-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address Ft. C. 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.