

FILED JUN 8 1948 32
Registration District No.

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution: WILLIAMS HOSP 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Meresh 65

(c) City or town Mo. Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 6

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

If yes, name country: _____

3. (a) PRINT FULL NAME HAZEL COOK

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29
year 1948 hour 4:10 minute 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.

4. Sex FEMALE race WHITE

5. Color or _____

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: MAY 6 1899
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage 3 1/2 hrs

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 48 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: MARSHALL Co KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation: Minister

11. Industry or business: Church

12. Name: ALBERT A COOK

13. Birthplace: MARSHALL Co, KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name: ETHEL SMITH

15. Birthplace: OTTUMWA IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant: Elsie Cook

(b) Address: Mo. Prairie Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: APR 29 1948
(Month) (Day) (Year)

(c) Place: burial or cremation: Bigelow Kans.

18. (a) Signature of funeral director: Frank W. ...

(b) Address: Mo. Prairie Mo

19. (a) 4-29-48 (Date received local registrar) (b) Gene Fair (Registrar's signature)

Major findings: _____
Of operations: _____

Of autopsy: _____

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) _____
(e) Means of injury: _____

23. Signature: Raymond A. Davis Coroner
Address: Mo. Prairie Mo Date signed: 4/29/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

APR 5 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

myself Registered Apprentice No. _____
working under my personal supervision

Signed *Walter E. Moyer*

Licensed Embalmer No. *44910*

P. O. Address *Jrenton, 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.