FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. 63

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22505

State File No.

Primary Registration District No. 4113

Registrar's No. 23

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town BRONSWICK
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON
(c) City or town BRONSWICK
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GLENN E. COOK
3. (b) If veteran, name war
3. (c) Social Security No. 430-07-7721

4. Sex MALE
5. Color or race WHITE
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 JANUARY (Month) 7 (Day) 1895 (Year)

8. AGE: Years 53 Months 4 Days 5 If less than one day hr. min.

9. Birthplace TRIPLETT (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation LABORER
11. Industry or business DAY WORK
FATHER
12. Name HARRY COOK
13. Birthplace KALAMAZOO (City, town, or county) MICH (State or foreign country)
MOTHER
14. Maiden name ARRETTA CLARK
15. Birthplace DAYTON (City, town, or county) OHIO (State or foreign country)
16. (a) Informant MRS. LEE ANDERSON
(b) Address BRONSWICK MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation TRIPLETT MO
18. (a) Signature of funeral director L M Meisel
(b) Address BRONSWICK MO
19. (a) 5-15-48 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12TH year 1948 hour 10 minute 30 A M.
21. I hereby certify that I attended the deceased from May 12, 1948, to May 12, 1948 that I last saw him alive on May 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Angina
Due to Pectoris
Due to Alcoholism Alcoholic
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
94B

Duration

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 0
23. Signature L L Fisher DO (M. D. or other)
Address BRUNSWICK MO Date signed May 13 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-11-48

OCT 4 1948

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick M

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.