

National Office of Vital Statistics
FILED AUG 17 1948

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **176**

1. PLACE OF DEATH:

(a) County. **Henry**
(b) City or town. **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **216 N. Center St. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **30 yr.** (Specify whether years, months or days)

3. (a) PRINT

FULL NAME **Jacob Cook**

3. (b) If veteran, name war. **—**

3. (c) Social Security No. **—**

4. Sex. **M** 5. Color or race. **W** 6. (a) Single, widowed, married, divorced. **widowed**
6. (b) Name of husband or wife. **Martha Cook** 6. (c) Age of husband or wife if alive. **deceased** years
7. Birth date of deceased. **Nov. 15 1854** (Month) (Day) (Year)

8. AGE: Years **93** Months **8** Days **25** If less than one day hr. min.

9. Birthplace. **(unknown) Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation. **Section Hand**

11. Industry or business

12. Name. **Bake Cook**

13. Birthplace. **(unknown) Ky.** (City, town, or county) (State or foreign country)

14. Maiden name. **Catherine Thomas**

15. Birthplace. **(unknown) Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant. **Charles Cook**

(b) Address. **Clinton Mo.**

17. (a) **Burial** (b) Date thereof. **8-12-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Long City Mo.**

18. (a) Signature of funeral director. **Fred W. Whiting**

(b) Address. **Clinton Mo.**

19. (a) **Aug 11-48** (b) **R. R. Berry** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Henry**
(c) City or town. **Clinton** (If outside city or town limits, write "RURAL")
(d) Street No. **216 N. Center St. 0** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country. **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **10** year **1948** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb. 9** 19**47** to **August 10** 19**48**; that I last saw him alive on **July 26** 19**48**; and that death occurred on the date and hour stated above.
Immediate cause of death. **Hemiplegia left due to Cerebral hemorrhage** Duration **15 days**

Due to **Generalized arteriosclerosis** unknown

Due to **—**

Other conditions. **none** (Include pregnancy within 3 months of death)

Major findings: Of operations. **none**

Of autopsy. **none**

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. **S. B. Hughes** (M. D. or other) **M.D.**

Address. **Clinton Mo.** Date signed. **8/11/48**

RECEIVED

District Health Officer No. 7.

District File Number 7-48-937

Date Filed 8-16-48

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 _____

W. R. Beavis Jr. Registered Apprentice No. 517
working under my personal supervision.

Signed Fred M. Williams Jr.

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.