

S. No. 2  
M-5-43  
5-17-39  
I X3867

FILED NOV 27 1948

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 115

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pike

(a) County Louisiana

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

(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 701 Frankford Road  
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Etta Bessie Cook

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles Martin Cook

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 25, 1889  
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 20

If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name George Ebenezer

13. Birthplace Okla.

14. Maiden name Amanda Davenport

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

16. (a) Informant Mr. Charles M. Cook

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof II/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director George O. Wagner

(b) Address Louisiana, Missouri

19. (a) 11-17-48 (b) Samuel Collins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15  
year 1948 hour 4:40 minute A.M. M.

21. I hereby certify that I attended the deceased from 1-21, 1948 to 11-15, 1948  
that I last saw her alive on 11-15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 3 days

Due to Coronary artery 3 1/2 yrs.

Due to SerIALIZED MITOSIS

Other conditions 48  
(Include pregnancy within 3 months of death)

Major findings: Of operations 48

Of autopsy 48

PHYSICIAN 48

Underline the cause to 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? \_\_\_\_\_

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

23. Signature Chas. H. Jewell (M. D. \_\_\_\_\_)

Address Louisiana, Mo. Date signed 11-16-48

RECEIVED

District Health Officer No. 10

District File Number 11-48-2007

Date Filed NOV 24 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 ~~XXXXX~~.....

~~working under my personal supervision~~

Signed

~~XXXXXXXXXXXXXXXXXXXX~~  
*George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, Missouri

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.