

No. 2
-10-39
17-39
X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42650**

JAN 16 1941

Registration District No. **352**

Primary Registration District No. **5493**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Rural Deepwater**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
IN GERMANTOWN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **67 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **IN GERMANTOWN**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME **Catherine Cook**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **John W. Cook** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **2-17-1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Montrose Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Peter Groble**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Fick**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tony Westhusing**
(b) Address **Montrose Mo**

17. (a) **Burial** (b) Date thereof **Jan 12, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GERMANTOWN Cem**

18. (a) Signature of funeral director **Fred G. Williamson**
(b) Address **Clinton Mo**
19. (a) **12-12-40** (b) **W. E. Baggerly**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10** year **1940** hour **6** minute **35** A.M.

21. I hereby certify that I attended the deceased from **Dec 5** 19 **40** to **Dec 10**, 19 **40**

that I last saw him alive on **Dec 10**, 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to **Chronic Asthma**

Due to _____

Other conditions (include pregnancy within 3 months of death) **107W**

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? _____

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

23. Signature **A. L. Hanson** (M. D. or other) **MD**
Address **Appleton City Mo** Date signed **12-12-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-13

Date Filed 1-3-47

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.