

STANDARD CERTIFICATE OF DEATH

10790

State File No. \_\_\_\_\_

Registration District No. 355

Primary Registration District No. 5497

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural, Davis Twp.  
(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 77 years  
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. 9 Mi W Clinton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James S. Cook

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Belle Cook 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 10 (Month) 7 (Day) 1864 (Year)

8. AGE: Years 76 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jacob Cook

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Lambright

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

16. (a) Informant Mrs. Belle Cook

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 3 17 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Due Cem

18. (a) Signature of funeral director Fred C. Williams

(b) Address Clinton Mo

19. (a) 3-17-41 (b) W. E. Baggart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16  
year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 13, 1941, to March 16, 1941;  
that I last saw him alive on March 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 W. E. Baggart (M. D. or other) W. E. Baggart

Address Clinton Mo Date signed 3-12-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7

District File Number 4-41-5-86

Date Filed 4-3-41

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 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.