

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942 37

Registration District No.

Primary Registration District No. 4213

Registrar's No. 199

42
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town Montrose Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Butler Mo
(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 Glen Joseph Cook

3. (b) If veteran, name war ✓

3. (c) Social Security No. 492-14-3251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
1942 year 10 hour 10 minut 30 P. M.

21. I hereby certify that I attended the deceased from 19 to immediately 1942
that I last saw alive on 19
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Dorothy Cook

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: 7 16 1917
(Month) (Day) (Year)

Immediate cause of death struck by troop train on crossing and killed instantly

Due to

8. AGE: Years Months Days If less than one day

25 3 13 hr. min.

Due to

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

Other conditions (Include pregnancy within 3 months of death) 16 9 18 30

10. Usual occupation Truck Driver

11. Industry or business Milk Hauler

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

12. Name Anthony B Cook

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

14. Maiden name Eugene Jeernan

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 042

(b) Date of occurrence 10/29/42

(c) Where did injury occur? Montrose Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place.

16. (a) Informant Anthony B Cook

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 10-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bertrandtown

While at work? yes (Specify type of place) (e) Means of injury troop train

23. Signature P. S. Hallinger M. D. or other Dr. P. S. Hallinger

Address Clinton Mo Date signed 10/31/42

18. (a) Signature of funeral director Fred Weckesser

(b) Address Clinton Mo

19. (a) Oct 30, 1942 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

Address Clinton Mo Date signed 10/31/42

H.R.

RECEIVED

District Health Officer No. 7

District File Number 11-42-1173

Date Filed 11-6-43

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 Welkner

Licensed Embalmer No. 2478

P. O. Address Clinton Ma

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.