

S. No. 2
1-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34272**
Registrar's No. **224**

FILED OCT 23 1947
Registration District No. **7**

Primary Registration District No. **3023**

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

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: St. Central Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs
(Specify whether years, months or days)

In this community 16 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 105 W Tebo St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE LELAND COOK

3. (b) If veteran, name war none

3. (c) Social Security No. 490-05-8736

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April 30 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>5</u>	<u>22</u>	hr. min.

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

10. Usual occupation Car Salesman

11. Industry or business Garage Owner

12. Name George Cook

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

14. Maiden name Molly Abington

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

16. (a) Informant Essie Cook

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 10-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conrad Beck

(b) Address Clinton Mo

19. (a) 10-23-47 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct-22 1947 to Oct-22 1947;
that I last saw him alive on Oct-22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

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? 0

While at work _____ (Specify true place)

23. Signature James Smith (M. D. or other) MO

Address Clinton Mo Date signed Oct-23-47

Duration

5 hr.

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 71
District File Number 9-47-1258
Date Filed 10-27-47

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 R. A. Kerney

Licensed Embalmer No. 3099

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.