

S. No. 2
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7-5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE REGISTERS
FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6822**

Registration District No. **296**

Primary Registration District No. **4445**

Registrar's No. **10**

79
0
0

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

5783

1. PLACE OF DEATH:
 (a) County **RAY**
 (b) City or town **Osrick**
 (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 _____
 In this community **eight years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: MARY ELLEN COOK
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **William Henry Cook**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec 16 1858**
 (Month) (Day) (Year)

8. AGE: Years **87** Months **2** Days **8**
 - If less than one day hr. min.

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

10. Usual occupation: Housekeeper

11. Industry or business:

MOTHER FATHER
 12. Name **Andrew Wells**
 13. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)
 14. Maiden name **Playd**
 15. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ray Henry

(b) Address: Los Angeles, Calif.

17. (a) Burial, cremation, or removal: Hamilton
 (b) Date thereof **2-26-46**
 (Month) (Day) (Year)

18. (a) Signature of funeral director: G. W. Good
 (b) Address **Osrick, Mo**

19. (a) 2-26-46 (b) Wells (Darker)
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Ray**
 (c) City or town **Osrick**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 24th
 year **1946** hour **11** minute **30 p.M.**

21. I hereby certify that I attended the deceased from Feb 21/46 19 to Feb 24/46 19;
 that I last saw her alive on **Feb 24/46** 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Branchial Pneumonia - 4 Days**
(Due from Gas from fun coal stoves)
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN
 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 **2**
23. Signature: G. F. Summer (M. D. or other) **P.O.**
 Address **Osrick, Mo** Date signed **2/25/46**

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-8-46

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 *Victor E. Leminger*

Licensed Embalmer No. *2896*

P. O. Address *Liberty, 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.