

DEC 29 1941

Registration District No. 571

Primary Registration District No. 5969

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monteague
(b) City or town McBurr Monteague
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteague
(c) City or town McBurr (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1941 hour 10 minutes 7 P. M.
21. I hereby certify that I attended the deceased from Oct 10 1941 to Nov 15 1941
that I last saw him alive on Nov. 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 97
Major findings: Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Larkin Price Cook
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W. J. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Apr 20 1963 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Washington Cook
13. Birthplace Ida (City, town, or county) (State or foreign country)
14. Maiden name Ezabath P. Baker
15. Birthplace Ida (City, town, or county) (State or foreign country)

16. (a) Informant J. M. Cook
(b) Address Ms. Burr Mo

17. (a) Burial (b) Date thereof 11/16/41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Lebanon

18. (a) Signature of funeral director California
(b) Address Mo

19. (a) 11-17-41 (b) H. R. Popejoy (Date received local registrar) (Registrar's signature)

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 3rd
23. Signature J. J. Danion (M. D. or other) D.O.
Address California Date signed 11/17/41

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

28
0
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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: *H.E. Friedmeyer*
Licensed Embalmer No. *12854*
P.O. Address *California 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.