

SEP 25 1940
 FEDERAL BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

30024

State File No. _____

Registration District No. 890

Primary Registration District No. 6188

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Wayne
 (b) City or town Rural - Wappapello Dam Site
 (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 2
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Millard Claude Cook 2nd
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 490-09-9382

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 17 1905
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 9 18 hr. min.

9. Birthplace McGirk Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Oiler on Construction

11. Industry or business _____

MOTHER FATHER
 { 12. Name Millard Cook
 { 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Sarah Johnson
 { 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Floyd Cook

(b) Address Holt Summit, Missouri

17. (a) Burial (b) Date thereof 8-7-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near McGirk - Lebanon

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) Aug 8 1st - 40 (b) Malcolm Beasley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. Vine Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day fifth
 year 1940 hour _____ minute 5:00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to August 5, 1940;
 that I last saw him alive on August 5, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage

Due to accident

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) accident

(b) Date of occurrence August 5, 1940

(c) Where did injury occur? near Wappapello, Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
near Wappapello Dam site.

While at work Yes (Specify type of place) _____
 (e) Means of injury Struck by a orange

23. Signature J. W. ... (M. D. or other) H.D.
 Address Poplar Bluff, Mo. Date signed 8/5/40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 5-17-39
 Rev. 5-17-39
 U. S. GOVERNMENT PRINTING OFFICE

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.....

B.J. Brentlinger

Registered Apprentice No. 208

working under my personal supervision.

Signed Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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, above space should be left blank.