

**JUN 22 1942**  
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 137

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
26  
5  
4

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Marys  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three days  
(Specify whether years, months or days)  
In this community Twenty two years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway <sup>14</sup>  
(c) City or town Holt's Summit <sup>0</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location) <sup>1</sup>  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Millard Arlando Cook

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Cook 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 20 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business .....

12. Name Abijah L. Cook

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

14. Maiden name Allen

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

16. (a) Informant Veda Hughes

(b) Address Holt's Summit, Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Big Girk

18. (a) Signature of funeral director Ray Holt

(b) Address New Bloomfield, Missouri

19. (a) 5-22-42 (b) Norma Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1942 hour 12 minute 5 AM.

21. I hereby certify that I attended the deceased from May 28 1942 to 5/28 1942  
that I last saw him alive on May 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to Bleeding duodenal ulcer

Due to duodenal ulcer

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) (c) Means of injury .....

23. Signature M R Adridge (M. D. or other) Ms

Address 86 Date signed 5/29/42

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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, Ray O. Holt

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ray O. Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, 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.**