

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26251
Registrar's No. 211

FILED SEP 4 1946

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County BOONE
(b) City or town COLUMBIA, Mo.
(c) Name of hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay: 30 HOURS
In this community _____
years, months or days

3. (a) PRINT FULL NAME ROBERT ERNEST COOK
(b) If veteran, name war WORLD WAR II
(c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife PA COOK
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 17 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 1 11 hr. min.

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

10. Usual occupation RAILROAD

11. Industry or business _____

MOTHER FATHER
12. Name HARRY COOK
13. Birthplace CALE CO. Mo.
14. Maiden name FLORENCE PRINDLE
15. Birthplace GLENWOOD, IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant MOTHER
(b) Address JAMESTOWN, Mo.

17. (a) Burial (b) Date thereof August 31 1946
(Burial, cremation, or removal) (Monthly) (Day) (Year)
(c) Place: burial or cremation Jamestown Mo

18. (a) Signature of funeral director T. C. Willis
(b) Address Calverton Mo

19. (a) 8-31-46 (b) Mrs R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County MONROE
(c) City or town JAMESTOWN, Mo.
(d) Street No. Rt II
(e) Citizen of foreign country? no
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 29
year 1946 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from Aug 28
1946 to Aug 29 1946
that I last saw him alive on Aug 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Due to Bulbar Paralysis
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Murphy M. Sims (M. D. or other) _____
Address Dr. Hosp. Calverton, Mo Date signed 8/29/46

RECEIVED
District Health Officer No. 9,
District File Number 9-11-6
Date Filed 9-13-46

SEP 24 1946

FEB 5 1947

SEP 26 1946

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,
 , Registered Apprentice No.
working under my personal supervision.

Signed James H. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.