

FILED JUN 27 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4025 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4025 Main Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

Mrs. Daisy Lee Cook

(b) If veteran, name war no.

(c) Social Security No. no.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife G. B. Cook 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March 10 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 7 hr. / min.

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

10. Usual occupation at home

11. Industry or business X

12. Name William H. Williams

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

14. Maiden name Camelia Gay

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

16. (a) Informant Mr. Wade H. Williams

(b) Address 4025 Main St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 6-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-18-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1942 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 18 1939
to June 17 1942

that I last saw her alive on 6-8-42 and that death occurred on the date and hour stated above.

Immediate cause of death Papillary Carcinoma of the ovary - abdominal
Carcinomatosis

Due to Carcinomatosis

Due to 49m

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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 U

23. Signature Wm. B. Wheeler (M. D. or other)

Address 1500 Pop. Place Date signed 6-18-42

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

361

Dr. Wheeler

11/17/30
1 to 3 30

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

[Handwritten Signature]

Licensed Embalmer No. *1415*

P. O. Address *[Handwritten Address]*

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.