V. S. No. 2
00M—8-43
Rev. 5-17-39
1 X37823

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

31640

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1944

State File No.

Registration District No. 316 Primary Registration District No. 3019 Registrar's No. 170

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 224 B Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. 224 B. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET ELIZABETH COOKSEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Cooksey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 15 (Day) 1855 (Year)
8. AGE: Years 89 Months 1 Days 4 If less than one day hr. min.
9. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Acie Franklin Stephens
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs George Nelms
(b) Address 224 "B" St. Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Primrose
18. (a) Signature of funeral director Benham Und. Co
(b) Address 313 Benham Bonne Terre
19. (a) Sept 25 1944 (Date received local registrar) Forrest Rohen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1944 hour 4 minute 05 P. M.
21. I hereby certify that I attended the deceased from For last several yrs 19 to Sept 19, 1944
that I last saw her alive on Sept 19 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Collapse of the Cardio Vascular System — Duration
Due to Arrythmia & Mitral lesion for several yrs
Due to Superimposition of age
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B H Mansy (M. D. or other) DO
Address Bonne Terre Mo Date signed 9/19/44

1393 (Licensed Embalmer's Statement on Reverse Side)

OCT 17 1944

RECEIVED
District Health Officer No. 4
District File Number 1044-4491
Date Filed 10-11-44

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.