

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17392
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399
 (b) Township Rau Primary Registration District No. 1002 Registered No. 2089
 (c) City Kansas City (d) Street No. BROADWAY & N. HIGH CREEK R.D. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Mc Cluer Cockill 264

(a) Residence, No. 4414 Wornall Rd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Cockill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1869

7. AGE YEARS 68 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. S.W. Bell Telephone
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Mo

FATHER 13. NAME Edmund C. Cockill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Mo

MOTHER 15. MAIDEN NAME Lucretia Mc Cluer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville Ky

17. INFORMANT (ADDRESS) Robert S. Green 4741 Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE May 20 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newsome's Son Brushcreek & Passes

20. FILED May 20 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on Deputy Coroner, 19..... Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Auto Traumatism
fractured ribs - bilaterally
Thrombosis - left
Rupture of the spleen
Hemoperitoneum
 Other contributory causes of importance: 210M

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Pedestrian Date of injury 5-17-38
 Where did injury occur? K.C. Mo (Specify city, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pedestrian struck
 Nature of injury by auto

24. Was disease or injury in any way related to occupation of deceased? No, specify
 (Signed) W. H. Hubler M. D.
 (Address) Sun Hosp. K.C. Mo.

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.

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

Licensed Embalmer No.

P. O. Address

Nell Carr

3976

1401 Brushers

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.