

REC'D SEP 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28599

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86 85
 (b) Township 1 Primary Registration District No. 5127 Registered No. 829
 (c) City St. Joseph (d) Street No. 12 th. & Mason 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ARCHIE BREECE COSNER

(a) Residence, No. 12th. & Mason St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Minnie Cosner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11th. 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 28

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

12. BIRTHPLACE (CITY OR TOWN) Union County (STATE OR COUNTRY) Iowa.

13. NAME Louis Coss Cosner

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Emma Hester

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Minnie Cosner (ADDRESS) 12 th. Mason St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Aug. 11th. 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Aug 10 1939 J. Westlund Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9th. 193922. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1899 to Aug 9, 1939

I last saw him alive on Aug 9, 1939. Death is said to have occurred on the date stated above, at 8:45 AM.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure
Chronic myocardial degeneration, chronic valvular disease. Date of onset Aug 7, 39

Other contributory causes of importance:

Cardiac hypertrophy and dilatation.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chem Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. W. Marsel M. D.(Address) 224 2nd Ave.

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..... *John E. Rupp*.....
Licensed Embalmer No. *3986*
P. O. Address *St Joseph*

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.