

REC'D SEP 12 1939

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

28608

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township ..... Primary Registration District No. 1001 Registered No. 838  
(c) City St. Joseph (d) Street No. 13th Hickory 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 DONALD COGDILL

(a) Residence, No. 408 Hickory 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18th. 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
9 7 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.

13. NAME Jacob Cogdill

14. BIRTHPLACE (CITY OR TOWN) Gentry County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Effie Jennings

16. BIRTHPLACE (CITY OR TOWN) Leon (STATE OR COUNTRY) Iowa.

17. INFORMANT Mr. Jacob Cogdill (ADDRESS) 408 Hickory St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cashland Lane DATE 8/12 1939

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

20. FILED 8/14 1939 H. G. Mitchell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10th 1939 viewed

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th 1939

I last saw h. ##### 19..... Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:  
Suffocated by dirt caving in Date of onset  
on him

Other contributory causes of importance: none

Name of operation ..... Date of .....  
What test confirmed diagnosis: History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 8/10 1939

Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)

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

Manner of injury Public place  
Nature of injury Dirt ## cave in  
suffocated

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

If so, specify (Signed) B. W. Tadlock Coroner M. D.

(Address) King Hill Bldg.

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.

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**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.**