

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-9-19-38 I X1665

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.

RECD NOV 20 1939

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

35532
Do not use this space.
1050

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 856
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital 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 Charles Cochran
 (a) Residence, No. Karnes Road Route # 3 St. Route 3 - Rte no
 (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 Hattie Cochran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	10	9	

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

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

10. Date deceased last worked at this occupation (month and year) Jan. 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison, Mo.
Kansas

FATHER	13. NAME <u>Charles F. Cochran</u>	<u>9</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	<u>9</u>
MOTHER	15. MAIDEN NAME <u>Lou Webb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	

17. INFORMANT Hattie Cochran
(ADDRESS) Route # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Kan. DATE Oct. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Mortuary
5025 King Hill Ave

20. FILED Oct. 16, 1939 H. J. Nestle bud Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1939, to Oct. 14, 1939
 I last saw him alive on Oct 12, 1939. Death is said to have occurred on the date stated above, at 6:15 am
 The principal cause of death and related causes of importance were as follows:
Nephrotic Chr
121
 Other contributory causes of importance:
Art. Sclerosis
Uremia

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) L. H. Duda, M. D.
 (Address) St Joseph Mo

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, ~~on~~ Oct. 14, 1939

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. A. Clark*

Licensed Embalmer No..... 3476

P. O. Address..... St. Joseph, 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, above space should be left blank.