V. S. No. 2
M—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5965

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 166

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town St. Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3228 Seneca Sreeet, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

(c) City or town Saint Joseph, (If outside city or town limits write "RURAL")

(d) Street No. 3228 Seneca Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John P. Cochran, 650

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta A. Cochran,

6. (c) Age of husband or wife if alive 71 yrs years

7. Birth date of deceased April (Month) 22nd, (Day) 1865 (Year)

8. AGE: Years 74 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Bartholomew Co., (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Patrolman,

11. Industry or business Police department

FATHER
12. Name John Cochran,
13. Birthplace Westmoreland Co., (City, town, or county) Penna. (State or foreign country)

MOTHER
14. Maiden name Rebecca Jane Gaston,
15. Birthplace Butler County, (City, town, or county) Ohio, (State or foreign country)

16. (a) Informant Mrs. John P. Cochran

(b) Address 3228 Seneca Street,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Benjamin Funeral Home

(b) Address 319 So. 10th Str.

19. (a) Feb. 15, 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 13th year 1940 hour 4:00 minute p. M.

21. I hereby certify that I attended the deceased from 2-7, 1940, to 2-13, 1940 that I last saw him alive on 2-13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism — Duration Few minutes

Due to Heart disease Arteriosclerosis ?

Due to Arteriosclerosis ?

Other conditions Probable intra vent. clot (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy None

95

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)

85 While at work? (e) Means of injury

23. Signature H W Cook (M. D. or other) M.D

Address St Joseph Mo Date signed 2-15-40

(Licensed Embalmer's Statement on Reverse Side)

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: Wm E. Summerfield

Licensed Embalmer No. 30067

P.O. Address 3198 Solo 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.