No. 2
11-10-39
5-17-39
I X21492

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

JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Squibb

State File No. 18459

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 485

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
453½ W. Page
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 453½ W. Page
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oscar Cobb 100
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 Widowed
6. (b) Name of husband or wife Corda Cobb
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 13 (Day) 1876 (Year)
8. AGE: Years 63 Months 5 Days 16 If less than one day hr. min.
9. Birthplace Clinton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
12. Name Nicholas N. Cobb
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
14. Maiden name Cordie Reese
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Raymond Cobb
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) May 31, 1940 (Date received local registrar) (b) W. C. Handley M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1940 hour 4 minute a/ M.
21. I hereby certify that I attended the deceased from 5-27-, 1940, to 5-29-, 1940 that I last saw h. alive on 5-27-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature H. H. Lohmeyer (M. D. or other) M.D.
Address Springfield, Mo. Date signed 5/29/40

(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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield, M

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.