

No. 2
-11-1940
5-17-40
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29047**

SEP 23 1940
Registration District No. **533**

Primary Registration District No. **5721**

Registrar's No. **51**

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

1. PLACE OF DEATH:

(a) County Macon Co

(b) City or town Macon Mo R 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Roundaway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community Eight years
(Specify whether years, months or days) 9/5

8. (a) PRINT FULL NAME William R. Cochran

8. (b) If veteran, name war none

8. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Wife R. Cochran

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

7. Birth date of deceased Apr 12
(Month) (Day) (Year) 1866

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>25</u>	hr. _____ min.

9. Birthplace Shelbina Shelby Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Alex Cochran 9

18. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name don't know

15. Birthplace don't know
(City, town, or county) (State or foreign country)

18. (a) Informant Glen Cochran

(b) Address Macon Mo R 1

17. (a) Burial Rural **(b) Date thereof** 8-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wendell McKittrick

18. (a) Signature of funeral director William H. Parkman

(b) Address C. Lawrence Mo

19. (a) S. J. H. Co. **(b)** Seals & Herndon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Rural - Roundaway
(If outside city or town limits, write "RURAL")

(d) Street No. Rx #2
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1940 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 8
1940, to Aug 10 1940
that I last saw him alive on Aug 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 36 hrs
Duration

Due to Hypertension & arteriosclerosis ?

Due to _____

Other conditions HTN
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? 476

While at work? _____ (Specify type of place)

(e) Means of injury _____ 3

23. Signature E. S. Housenget (M. D. or other) DO

Address Macon Mo Date signed Aug 12 1940

RECEIVED

District Health Officer No. 10

District File Number 9-40-1716

Date Filed SEP 3 1940

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 Henry A. Barklee

Licensed Embalmer No. 3835

P. O. Address Shelburne 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.