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42371

JAN 6 1940
Registration District No. 266

Primary Registration District No. 5377

State File No. _____
Registrar's No. 83

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Short Bend TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community all his life (Specify whether years, months or days) 2

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

3. (a) PRINT FULL NAME Jerry Howe Cotner
(b) If veteran, name war ZZ
(c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 22
year 1940 hour 2 minute 00 A.M.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced child
(b) Name of husband or wife XX
(c) Age of husband or wife if alive XX years
7. Birth date of deceased: July 29 1937
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 21st 1940 to Nov. 22 1940
that I last saw him alive on Nov. 22 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 7 Days 29
If less than one day hr. _____ min. _____

Immediate cause of death Intestinal obstruction
Duration about 2 days

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____

10. Usual occupation _____
11. Industry or business XX

MOTHER FATHER
12. Name John Cotner
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Laura Maledy
15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Cotner
(b) Address Short Bend Mo

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? _____

17. (a) burial (b) Date thereof Nov 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cotner Cem

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Charles Spurr
(b) Address Salem Mo
19. (a) November 23 1940 (b) C. F. Smith, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature M. Grossman (M. D. or other) MD
Address Salem, Mo. Date signed 11/23/40

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

122A

RECEIVED
District Health Officer No. 5,
District File Number 62401188
Date Filed _____

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 [Signature]
Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42371

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 266

Primary Registration District No. 5377

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County De Witt
(b) City or town Shurtz Bend, T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jerry Houie Cotner
3. (b) If veteran, name was _____ 3. (c) Social Security No. _____

19. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 22
year _____ hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____
8. AGE: Years 3 Months 7 Days 29 If less than one day _____ min.

Immediate cause of death Intestinal Obstruction
Due to Cause unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) NA

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Duration 36 hrs touchup
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature M Grossman (M. D. or other) MD

Address Salem Mo Date signed 8/15/44

SUPPLEMENTARY

