S. No. 2
—4-13-40
5-17-39
I X23159

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1781

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 9

11
1
7

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: Mo Meth. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days. (Specify whether
In this community 71 Years 22 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 116 Indiana (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Selina Cogdill
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D. B. Cogdill
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec. (Month) 12th (Day) 1869 (Year)

8. AGE: Years 71 Months 0 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Buchanan County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Isham Wood
13. Birthplace unknown (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Nancy Jane Mears
15. Birthplace unknown (City, town, or county) Va. (State or foreign country)
16. (a) Informant Mrs. L. Combs
(b) Address 2618 Felix St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo
19. (a) Jan 7-1941 (Date received local registrar) (b) H J Hettebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1941 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec. 27, 1940 to Jan 4, 1941; that I last saw her alive on Jan 4, 1941; and that death occurred on the date and hour stated above,

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arterio Sclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

94 a

Major findings:
Of operations none
Of autopsy

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) no
(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 F. G. Thompson (M. D. ~~or other~~) D
Address 825 Charles St. St Joseph Date signed 1/6/41

(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 myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

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, fact should be so stated above.