

No. 12-40  
17-39  
X23159

Cochran **FILED JUL 12 1941**  
Registration District No. 125

Primary Registration District No. 3009

State File No. \_\_\_\_\_  
Registrar's No. 236

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 133 N. Handy  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- 1 years.

3. (a) PRINT FULLNAME Elmer Larry Harden

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22  
year 1941 hour 11 minute 45 P.M.

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased 6 4 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22, 1941, to June 22, 1941;  
that I last saw him alive on June 22, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1	--	19	hr. _____ min.
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Immediate cause of death \_\_\_\_\_  
2. Ileo Colitis 1 week

Due to \_\_\_\_\_ 11/4 W

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Sikeston 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation --

11. Industry or business --

MOTHER FATHER { 12. Name John Harden

13. Birthplace Fulaski 1 Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Crowe

15. Birthplace Bakersfield 1 Cal.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 0

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant John Harden

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 6-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Hunter Albright

(b) Address Sikeston, Missouri

19. (a) 6-24-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

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?  
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While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. F. Cochran 0 (M. D. or other) 0

Address Cape Girardeau, Mo. Date signed 6/24/41

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

**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.....

*Not Embalmed*

Registered Apprentice No.....

working under my personal supervision.

Signed

*Hunter Whitton*

Licensed Embalmer No.

*4210*

P. O. Address

*Bikeston Md*

**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.**