

No. 2  
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-17-39  
X28390  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22035

State File No. \_\_\_\_\_

FILED JUL 8 1941

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
521 West College St /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 12 years \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora  
(If outside city or town limits, write "RURAL")

(d) Street No. 521 West College St,  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James D Cochran

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-01-3056

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Vera Cochran

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 2 1887  
(Month) (Day) (Year)

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

54 0 1 hr. min.

9. Birthplace Galena Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Lawrence County Light Co

MOTHER FATHER

12. Name John Cochran

13. Birthplace ? Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Lamb

15. Birthplace ? Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Cochran

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 6/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 7-1-41 (b) J. D. Cowan M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1941 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 1 1941 to June 3 1941;  
that I last saw him alive on June 3 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 3 days

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

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

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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 J. M. Smith M.D. (M. D. or other) \_\_\_\_\_

Address 120 N. Pleasant Aurora Date signed 6/5/41

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

Smith

NOV 13 1948

RECEIVED

District Health Officer No. 6,

District File Number 741-1024

Date Filed Jul 7 1941

**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 Germa Swridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.**