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

FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22096

State File No.

Registration District No. 1084 Primary Registration District No. 8662 Registrar's No.

1. PLACE OF DEATH:

(a) County Linn Jackson

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58 0

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Geo. Lindley Cotter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Rachel Cotter

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased March (Month) 24 (Day) 1853 (Year)

8. AGE: Years 88 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Linn County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Cotter
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant James Cotter
(b) Address Milan, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hooker Near Browning 455

18. (a) Signature of funeral director Liggett & Son
(b) Address Milan, Mo

19. (a) June 30 (Date received local registrar) (b) Ova Cookshanks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 15, 1938, 19__, to June 9, 1941;
that I last saw him alive on June 8, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Arterial Hypertension and Chronic Nephritis.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gilbert H. Kroeger (M. D. or other) DO
Address Purdin, Mo Date signed 6-11-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Russell C Leggin

Licensed Embalmer No. 3792

P. O. Address Milan, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.