

FILLED NOV 18 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 3004

Registrar's No. 64

1. PLACE OF DEATH Bates

(a) County Bates

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

(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location) 3 weeks

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Hume RFD Mo. 0  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Tom R. Cobb

3. (b) If veteran, name war X 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella Cobb 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 19th 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1941 hour \_\_\_\_\_ minute 1 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to Oct 5 1941; that I last saw him alive on Oct 5 and that death occurred on the date and hour stated above.

9. Birthplace Saline Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Immediate cause of death: Coronary occlusion, Chronic Myocarditis

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

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

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chester Cobb

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

14. Maiden name unknown

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

16. (a) Informant Cora Boyd

(b) Address RFD Rich Hill Missouri

17. (a) Burial (b) Date thereof 10/8/41  
(Burial, cremation, or removal) (Month) (Day)

(c) Place: burial or cremation Independence Cemetery

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler Mo.

19. (a) Oct 8 1941 (b) Tom R. Cobb  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 94a

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)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Chas. G. Park Jr. (M. D. or other) Butler Mo  
Address \_\_\_\_\_ Date signed 10/8/41

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1916

Date Filed 11-14-41

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**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.....

*John H. Underwood*

3585

Licensed Embalmer No. ....

P. O. Address..... **Butler Missouri**

**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.**