

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **134272**

Registrar's No. **13**

Registration District No. **26**

Primary Registration District No. **5102A**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Rural, Lorraine Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **at home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **all life** years, months or days

3. (a) PRINT FULL NAME

Mr. Warren Cobb

3. (b) If veteran,

name war _____

3. (c) Social Security

No. **✓**

4. Sex **M** Color or race **W**

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

6. (b) Name of husband or wife **Cora Cobb**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **July 10, 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **3** If less than one day **✓** hr. **0** min.

9. Birthplace **Bol. Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John W. Cobb**
13. Birthplace **Cape Girardeau, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine Trechtersdorf**
15. Birthplace **Bol. Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charlie L. Cobb**
(b) Address **Glen Allen, Mo.**

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof **Oct 13/41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Trace Creek, Cemetery**

18. (a) Signature of funeral director **Had none**
(b) Address **Glen Allen, Mo.**

19. (a) **Oct 13 1941** (Date received local registrar) (b) **Willie H. Newbrough** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Rural, Lorraine Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **✓** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **12**
year **1941** hour **7:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **Sept 20 - 41**
_____, 19____, to **Oct 12, 1941**
that I last saw him alive on **OCT 5**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the stomach**
Duration **months**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **O. A. Miller** (M. D. or other)
Address **Marble Hill, Mo.** Date signed **10/13/41**

010 (Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.