

No. 2
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-17-39
XZ3159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39656**

DEC 23 1941
Registration District No. **833**

Primary Registration District No. **1096**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Shelby

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby **1020**

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

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

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Joseph Cockrum

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 M

6. (b) Name of husband or wife Ella Cockrum

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

7. Birth date of deceased May 26 1853
(Month) (Day) (Year)

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

58 5 25 hr. min.

9. Birthplace Novelty, Knox Co., Mo. **6**
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Cockrum

13. Birthplace Novelty, Mo. **0**
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Shan

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof Nov-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novelty, Mo. Cockrum Cemetery

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10 1941 to Nov 1st 1941
that I last saw him alive on Nov 1st 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Advanced age

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 162 lb

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 fall

23. Signature E. O. Holmes (M. D. or other) J. D. D.

Address Novelty, Mo. Date signed Nov 3 1941

RECEIVED

District Health Officer No. 10

District File Number 12-41-2246

Date Filed DEC 18 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missou

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.

The undertaker asked
me to enclose this certificate
for correct location.
He could find ^{no}
records at Leonard
Mrs. Smith

the American Journal

S-39656

Nov. 1, 1941