

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. _____

Registrar's No. 211

1137

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Kansas City Convalescent Home
(If not in hospital or institution, write street number or location)

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

In this community Unknown

3. (a) PRINT FULL NAME Elizabeth Cobb

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: Feb. 20, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant K. E. Cowalycant, Home
(b) Address 3200 Norledge

17. (a) Burial (b) Date thereof 1/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Mo.

18. (a) Signature of funeral director W. J. Speaks
(b) Address Independence, Mo.

19. (a) 1/18/42 (b) M. M. Crowe
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3004 Olive
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 42 hour 3:15 minute _____ M.

21. I hereby certify that I attended the deceased from 10-1-41 to 1-16-42; that I last saw her alive on 1-15-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Diabetes Mellitus

Due to 61

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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. P. Lawrence (M. D. or other) _____
Address 3200 Norledge Date signed 1-18-42

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Roland R. Spinks

Licensed Embalmer No. 3604

P. O. Address

Independence

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.