. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1580

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 207

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

4
1
2

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: none (622 N. Clark St. (If not in hospital or institution, write street number or location)

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

In this community Since 1911 (30 years) years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4

(c) City or town Mexico 1 (If outside city or town limits, write "RURAL")

(d) Street No. 622 N. Clark 2 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Edward Cockelrease

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mattie B. Cockelrease

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 26, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	--	hr. min.

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

10. Usual occupation Traveling salesman

11. Industry or business

FATHER
12. Name Robert Cockelrease
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Margaret Wilkes
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Chas. Cockelrease

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Cockelrease

(b) Address Mexico, Missouri

19. (a) Dec 28-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

23

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1941 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 29, 1941, 19, to 12-26-, 1941; that I last saw him alive on 12-26-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Frank Jolley (M. D. or other) MD

Address Mexico Date signed 12/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-71
Date Filed JAN 10 1942

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 [illegible]

Licensed Embalmer No. 3569

P. O. Address [illegible]

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.