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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede Extension Mo.  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Laclede  
(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.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alma Cotton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1942 hour 6 minute 3:0 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 29 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1929, to Jan. 12 1942; that I last saw him alive on Jan. 12 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death: Subacute bacterial endocarditis Duration 36 hr.

9. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Due to Coronary disease

10. Usual occupation Day laborer

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

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

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

12. Name John Cotton

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

Major findings: 9/0

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ellen Cotton

(b) Address Laclede, Mo.

22. If death was due to external causes, fill in the following:

17. (a) \_\_\_\_\_ (b) Date thereof 1-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Cemetery

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director M. J. Skarn

(b) Address Laclede, Mo.

(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? \_\_\_\_\_

19. (a) Jan. 14 1942 (b) Ms. Vivian Rowland  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Alma (M. D. or other) MD

Address Laclede, Mo. Date signed 1-14-42

**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

W. J. Thorne

, Registered Apprentice No. 2876

working under my personal supervision.

Signed

W. J. Thorne

Licensed Embalmer No. 2876

P. O. Address Palmdale, Me

- **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.**