. 2
-41
-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3847

Registration District No. 831 Primary Registration District No. 6092 Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby

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

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

(d) Length of stay: In hospital or institution 3 years (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

(c) City or town Shelbyville - Rural (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles Edward Cockrum

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct - 8 - 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Smith Cockrum
13. Birthplace (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Clara Gooch
15. Birthplace Shelby County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ed Murnen

(b) Address Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec - 9 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo.

19. (a) 12-9-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 8 year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 7 - 1941, to Dec 8 - 1941, that I last saw him alive on Dec 7 - 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Syphilis	?
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 30C
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. C. Creber (M. D. or other)

Address Shelbyville Mo. Date signed 12-9-41

748

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-155
Date Filed JAN 27 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 ..... not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3847

Registration District No. 831 Primary Registration District No. 6092 Registrar's No.

1. PLACE OF DEATH:

(a) County: Shelby

(b) City or town: 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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Chas. E. Cockrum

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct 8 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 6, 42 (Date received local registrar) (b) Madge Goode (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day

year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw h. alive on 19;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

378