

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1942

Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 1743

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 3609 Benton Blvd!
(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 Mo. (b) County Jackson

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

(d) Street No. 3609 Benton Blvd
(If rural, give location)

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

3. (a) PRINT FULL NAME James J Cochran

3. (b) If veteran name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1942 hour 2 minute 30 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife James J. Smith

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

7. Birth date of deceased March 4 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1935 to Apr 30 1942
that I last saw him alive on Apr 30 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>0</u>	_____ min.

Immediate cause of death Chronic Myocarditis 8 yrs
Duration

Due to 935

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

10. Usual occupation Lawyer

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Geo R Cochran

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

14. Maiden name Elizabeth Forestry

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Alpha Beery

(b) Address 3609 Benton Blvd

17. (a) None (b) Date thereof 5/5/42
(Month) (Day) (Year)

(c) Place: burial or cremation not known

18. (a) Signature of funeral director Geo J Porter

(b) Address 915 N 10th St Kansas City, Mo

19. (a) May 5, 1942 (b) M. M. Coome
(Date received local registrar) (Registrar's signature)

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 O. E. Gibson (M. D. or other) M.D.
Address Kansas City, Kans Date signed 5/4/42

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

MOTHER FATHER

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.....

Howard L. Porter

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Howard L. Porter

Licensed Embalmer No.....

3751

P. O. Address.....

915 N. 10th St. K.S.

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.