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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 19

Registration District No. 7

Primary Registration District No. 5516

1. PLACE OF DEATH:
 Holt
 (a) County _____
 (b) City or town Forest City-Rural
 (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 _____
 In this community Lifetime
 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Forest City-Rural
 (d) Street No. _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Cotton
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 13
 year 1942 hour 4 minute 15 P. M.
 21. I hereby certify that I attended the deceased from April 6
 1942 to April 13 1942
 that I last saw him alive on April 13 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hazel Cotton
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
HYPOTASTIC PNEUMONIA 3 days

7. Birth date of deceased January 17 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

Due to CEEBRAL HEMORRAGE 2 wks.
 Due to _____

9. Birthplace Near Foest City Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

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

11. Industry or business _____
 12. Name Jefferson Cotton
 13. Birthplace Indiana
 14. Maiden name Mary Elizabeth Spick
 15. Birthplace Kentucky
 (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 Mrs. Lester Kurtz
 (b) Address Oregon, Mo.
 17. (a) Burial (b) Date thereof Apr. 15 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest City Cemetry

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? _____
 (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 _____

18. (a) Signature of funeral director James H. Pettigrew
 (b) Address Oregon Mo.
 19. (a) 4-15-42 (b) Pauline Cawson
 (Date received local registrar) (Registrar's signature)

23. Signature Howard E. Calkin (M. D. or other) D.O.
 Address Box 101 Forest City Date signed April 14

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

MOTHER FATHER

1185

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Pettigrew
Licensed Embalmer No. 3197
P. O. Address Oregon Mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14457

Registration District No. 372

Primary Registration District No. 5516

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt

(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME George Cutton

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 M

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

7. Birth date of deceased Jan 17 1892
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 19 (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of 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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 17 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Prostatic Pneumonia
BRONCHIAL
(BILATERAL)

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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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 Howard E. Callin (M. D. or other) DA
Address Forest City, Mo. Date signed May 30 1942

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

