V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 3825

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17892

State File No.

Primary Registration District No. 5422

Registrar's No. 17 1

37
2
0

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

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 1/2 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37
(a) State MISSOURI (b) County GASCONADE J.
(c) City or town OWENSVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location) 0
(e) Citizen of foreign country? — NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME RUBEN HARVEY COBB
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 MARRIED
6. (b) Name of husband or wife IDA COBB
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased SEPT. (Month) 15 (Day) 1874 (Year)

8. AGE: Years 67 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace DENT COUNTY (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation RESTAURANT WORK
11. Industry or business

FATHER
12. Name WILLIAM COBB
13. Birthplace ~~KY~~ (City, town, or county) USA (State or foreign country) 1

MOTHER
14. Maiden name NANCY EDWARDS
15. Birthplace (City, town, or county) U.S.A. (State or foreign country) 1

16. (a) Informant MRS. MARION TANKERSLY
(b) Address NEW BURG MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation OWENSVILLE CITY CEM.
18. (a) Signature of funeral director W. F. Gottenstrate
(b) Address Owensville Mo.
19. (a) 5-19-42 (Date received local registrar) (b) Myrtle M Wenkel (Registrar's signature)

1201

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16
year 1942 hour 2.30 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 20 1942 to May 16 1942
that I last saw him alive on May 16 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
With Terminal Hypostatic Pneumonia.	24 hours.
Due to Adenocarcinoma of Stomach	About 3 months.
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations Adenocarcinoma of stomach with metastases
Of autopsy None

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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature Paul A. Brandt (M. D. or other) MD
Address Owensville, Mo. Date signed 5-18-42

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

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

working under my personal supervision.

Signed Milford Winter

Licensed Embalmer No. 3836

P. O. Address Owensville 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.