

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20882

State File No.

Registration District No. 143

Primary Registration District No. 5205

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren Carter Sub
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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. years, months or days

3. (a) PRINT FULL NAME

June Lee Cotton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Timon W. Cotton, M.D. 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January 16, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name George Thompson Lee
13. Birthplace Jefferson Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Leeper
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Cotton Buckthorpe
(b) Address Van Buren, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Van Buren Cemetery

18. (a) Signature of funeral director W.C. Gray
(b) Address Poplar Bluff, Mo
19. (a) 12-11-41 (Date received local registrar) (b) J. M. Cotton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter
(c) City or town Van Buren
(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 December day 6th
year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from January 6, 1938 to Dec. 6, 1941
that I last saw her alive on Dec. 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Physical Exhaustion

Due to Massive Cerebral Embolus Left 3 yrs.

Due to Chronic Pan-Carditis With Auricular Fibrillation 15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 956
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?

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

23. Signature Thelma Cotton Buckthorpe (M. D. or other) M.D.
Address Van Buren, Mo Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

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

1018

RECEIVED

District Health Officer No. 5,

District File Number 242294

Date Filed 7-17-42

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

M. C. Brody

Licensed Embalmer No. 13474

P. O. Address Poplar Bluff

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.