

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21917

Registration District No. 632 Primary Registration District No. 5838 Registrar's No.

75
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Jobe Mrs
(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 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Myrtle (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Missouri Cockman
(b) If veteran, name war -- (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 20 year 1942 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from July 15 1942 to Jan 20 1942 that I last saw her alive on Jan 15 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widowed
6. (b) Name of husband or wife T. U. Cockman 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 9 1867 (Month) (Day) (Year)

Immediate cause of death: *Domestic pneumonia due to its conditions*
Due to: *Senility*
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: *107*
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
75 - 11 hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name Wash Smith

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

14. Maiden name Unknown

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

16. (a) Informant M. W. Cockman

(b) Address Myrtle, Mo.

17. (a) Burial (b) Date thereof 1/21/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Cem

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 2-9-42 (b) Joe D. Williams (Date received local registrar) (Registrar's signature)

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 *Joe D. Williams* (M. D. or other) MO
Address *Thayer Mo* Date signed 1-30-42

1112 (Licensed Embalmer's Statement on Reverse Side)

Cooper

RECEIVED

District Health Officer No. 5,

District File Number 45-2377

~~Date Filed~~ 7-24-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.