

26694

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 114 SEP 4/ 1942

Primary Registration District No. 5125

Registrar's No.

1. PLACE OF DEATH:

(a) County. Buchanan
(b) City or town. St. Joseph - Rural Center Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6905 Binswanger St. CENTER TWP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years
(Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town. St. Joseph - RURAL CENTER TWP
(If outside city or town limits, write "RURAL")
(d) Street No. 6805 Binswanger R.C. CENTER TWP
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Cordelia E. Cotter

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William H. 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased September 4 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation House-keeper

11. Industry or business Home

12. Name Issac B. Jenkins

13. Birthplace Unknown 9

14. Maiden name Almeda Mosier 9

15. Birthplace Unknown 9

16. (a) Informant Dorothy Calhoun (Daughter)

(b) Address 6805 Binswanger St.

17. (a) Burial (b) Date thereof 8/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Crump

(b) Address 6054 Pryor Ave., City

19. (a) 8/15/42 (b) April E. Duncanson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th
year 1942 hour 57 minute 159 M.

21. I hereby certify that I attended the deceased from July 1 1942 to Aug 14 1942
that I last saw him alive on Aug 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chf. Valvular Heart Dis
Chf. Hypertension 14 yr
30 yr

Due to.

Due to.

Other conditions. 930
(Include pregnancy within 3 months of death)

Major findings: 930

Of operations.

Of autopsy.

Duration

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 DR. J. E. Crump (M. D. or other) 8/15/42

Address 5007 1/2 Third St. Date signed 8/15/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1227

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.....
myself....., 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.