

S. No. 2  
-1-4-41  
5-17-39  
P-1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29632

State File No. \_\_\_\_\_

Registrar's No. 213

**FILED** OCT 14 1942

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair Knox 52  
(c) City or town Kirkville Novelty  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes/No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leinary B Cottingham

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 23 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Clark Mote

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

14. Maiden name Alvira Denton

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

16. (a) Informant Mazoe Douglas

(b) Address Novelty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director D. S. Christie

(b) Address Lafayette Mo

19. (a) 10/3/42 (Date received by local registrar) (b) Mrs. J. H. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 6 1942 to Sept 30 1942  
that I last saw her alive on Sept 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: 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 2

23. Signature Esther P. Barnes (M.D. or other) MD

Address Kirkville, Mo. Date signed 9/30/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-42-1871

Date Filed OCT 12 1942

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.