V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36863

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20 1

(c) City or town El Dorado Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. 300 S Jackson
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Levi Long Cogdill

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Effie M Cogdill

6. (c) Age of husband or wife if alive Decd years

7. Birth date of deceased June (Month) 24 (Day) 1859 (Year)

8. AGE: Years 83 Months 4 Days 16 If less than one day ... hr. ... min.

9. Birthplace ... (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Insurance Salesman Retired

11. Industry or business

FATHER
12. Name Frederick Cogdill
13. Birthplace ... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Long
15. Birthplace ... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs R. L. Cogdill
(b) Address Ten Del Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stansberry, Mo

18. (a) Signature of funeral director Gwinn-Siders
(b) Address El Dorado Springs Mo

19. (a) 11-12-42 (Date received local registrar) (b) L. T. D. Unaway M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th year 1942 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Nov-3-1942, 19..., to Nov 10, 1942 that I last saw him alive on Nov 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Dawson (M. D. or other) 0

Address El Dorado Springs Date signed 11-12-42

1046 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Licence File Number 12-42-1364
Date Filed 12-10-42

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 D Twinn

Licensed Embalmer No. 2034

P. O. Address E Dorado Springs, 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.