S. No. 2
M—5-42
. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed DEC 31 1942

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6011

State File No. 41680

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly R.F.D. Union Twsp
(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 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 8

(c) ~~City~~ or township of Union 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary D. Cottrell

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 Chapel C. Cottrell

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

7. Birth date of deceased Jan (Month) 22nd (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	24	..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name William E. Palmer
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Estes
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant C.C. Cottrell
(b) Address R.F.D. #3. Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Malan and Son
(b) Address Moberly, Mo

19. (a) 12/17/42 (Date received local registrar) (b) Irma Rave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1942 hour 8 minute — P. M.

21. I hereby certify that I attended the deceased from Dec. 12 1942 to Dec 16 1942
that I last saw her alive on Dec 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute myocarditis	1 day
Due to influenza	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

133a

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

23. Signature T. E. Turner M.D. (M.D. or other)
Address Madison Mo Date signed 12/17/42

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

146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-42-4104
Date Filed Aug-29-1942

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.