S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9346

FILED APR 8 1943

Registration District No. 1945

Primary Registration District No. 1002

Registrar's No. 1544

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 8 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL") 8
(d) Street No.: 2930 Main (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. May Cockerill Warrington

3. (b) If veteran, name war: no

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: Unknown

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

7. Birth date of deceased: June 29, 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 1 If less than one day hr. min.

9. Birthplace: (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Henry Cockerill
13. Birthplace: (City, town, or county) Don't Know (State or foreign country) 9

MOTHER
14. Maiden name: Harriett Houser
15. Birthplace: (City, town, or county) Don't Know (State or foreign country) 9

16. (a) Informant: Mrs. George H. Messenger
(b) Address: 2930 Main Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson, Iowa

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri

19. (a) 4/30/43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 30 day: March year: 1943 hour: 6 minute: P M.

21. I hereby certify that I attended the deceased from: Mar 1, 1943 to March 29, 1942 that I last saw her alive on: March 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 1 yr

Due to: Nephritis & Arteriosclerosis — 10 yr

Due to: 131 B

Other conditions: — (Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

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): None
(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: 0

23. Signature: E. H. Slusher (M. D. or other)
Address: 900 Rialto Bldg KC Mo Date signed: 3-29-43

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(Licensed Embalmer's Statement on Reverse Side)

Tr. Fischer
425 W. 49 Terrace

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.