

WED JUL 12 1943 250  
Registration District No. 250

Primary Registration District No. 250

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

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Grant  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community All of life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Barnard Rural  
(If outside city or town limits, write "RURAL")  
(d) Street Grant Ave South 74  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Rebecca Margaret Cotter

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife J. C. Cotter Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 5 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name William Goforth  
13. Birthplace Clark Co. Ind. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Rhoads  
15. Birthplace Clark Co. Ind. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ortie R. Cotter  
(b) Address Ring City Mo.

17. (a) Burial (b) Date thereof 6-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard, Missouri

18. (a) Signature of funeral director Samuel L. Farnell

(b) Address Manville Mo.

19. (a) 6-28-43 (b) A. D. Barnett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27  
year 43 hour \_\_\_\_\_ minute 11:30 P. M.

21. I hereby certify that I attended the deceased from May 6 1935 to 6-27 1943  
that I last saw her alive on 6-25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia  
Arterio Sclerosis  
Pyonephrosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 133 f3

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. M. Boyle (M. D. or \_\_\_\_\_)  
Address Manville Date signed 6-28-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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..... *William Campbell*  
Licensed Embalmer No. *5620*  
P. O. Address..... *Marquette 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.