S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35260

Registration District No. 212 Primary Registration District No. 4375 Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Bagnell Mo - Franklin
(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 — 1 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 066
(c) City or town Bagnell Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Thomas - Wesley - Cotten
3. (b) If veteran, name war None
3. (c) Social Security No. 497-18-4790
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of ~~husband~~ or wife Louella Cotten
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) - 8 (Day) - 1871 (Year)

8. AGE: Years 72 Months 2 Days 11 If less than one day — hr. — min.

9. Birthplace Bagnell (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER
12. Name Jacob - Benjamin - Cotten
13. Birthplace Bagnell - Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy - Adaline - Conner
15. Birthplace Bagnell - Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Norman Cotten
(b) Address Bagnell, Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lamm Cem.
18. (a) Signature of funeral director Keith McKeys
(b) Address Eldon Mo
19. (a) 10-21-43 (Date received local registrar) (b) W S Spearman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1943 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 19, 1943, to Oct. 19, 1943
that I last saw him alive on Oct. 19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral hemorrhage	
Due to	2 hours
arterio sclerosis	
Due to	ten years
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy	

f. 3a

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 E C Shelton 0 (M. D. ~~or other~~)
Address 6 S. Maple St., Eldon, Mo Date signed 10-21-43

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 49-187
Date Filed 11-6-49

FEB 2 8 1944

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.