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LED JAN 19 1944
Registration District No. 149

State File No. 5622

Primary Registration District No. 1002

Registrar's No.

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:
3105-A Main St./
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
(Specify whether
In this community No record
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3105-A Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALVIN H. COBB

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Reputy to Coroner, 19...
that I last saw him alive on, 19...
and that death occurred on the date and hour stated above.

4. Sex Ma

5. Color or race Wh

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife XX

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

7. Birth date of deceased: May 22 1872
(Month) (Day) (Year)

Immediate cause of death Acute Carbon Monoxide Intercalation

Due to James from Gas stove

Due to

Other conditions (Include pregnancy within 3 months of death) 170 C

8. AGE: Years 71 Months 7 Days 5 If less than one day hr. min.

9. Birthplace No Record
(City, town, or county) (State or foreign country)

10. Usual occupation Masseur

Major findings: Of operations 170 C

Of autopsy Inspection and History

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

MOTHER FATHER

11. Industry or business

12. Name Woodson D. Cobb

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Miranda N. Hillis

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nola McBride

(b) Address 2900 Troost

17. (a) Cremation (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director W. Wagner

(b) Address Kansas City, Mo.

19. (a) Dec 30 1943 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence Dec. 27, 1943

(c) Where did injury occur? Kansas City mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place) (e) Means of injury Gas

23. Signature Dr. E. Oscher (M. D. or other) 0
23 mt Coy Date 1/30/43

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

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.