

FILED MAR 8 1944

Registration District No. **8**

Primary Registration District No. **5034**

1. PLACE OF DEATH:

(a) County **Adair - Prairie Jap**

(b) City or town **Ladonia Mo**  
(If outside city or town limits, write "RURAL" and name of township!)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **8 days** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montg. 70**

(c) City or town **Middletown 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 \_\_\_\_\_

3. (a) PRINT FULL NAME **MARI PERMEDIO COBB**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **20th**  
year **1944** hour **8** minute **15 A** M.

21. I hereby certify that I attended the deceased from **Feb 19**  
\_\_\_\_\_ 1944 to **Feb 20** 1944  
that I last saw her alive on **Feb 20** 1944  
and that death occurred on the date and hour stated above.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife **Joseph Cobb**

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

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Immediate cause of death **Coronary occlusion 1 Day**

Due to **Arteriosclerosis**

Due to **Advanced age**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years **81** Months **3** Days **12** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Lincoln Co. Mo 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

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

MOTHER FATHER

12. Name **James Smith**

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name **Mary Walton**

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **H L Cobb**

(b) Address **Middletown Mo**

17. (a) **Burial** (b) Date thereof **Feb 22 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Middletown Mo**

18. (a) Signature of funeral director **Patchett Kuhne**

(b) Address **Middletown Mo**

19. (a) **2-21-44** (b) **J W Walker**  
(Date received local registrar) (Registrar's signature)

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury **2**

23. Signature **J P Paige** (M. D. or other) **D.O.**  
Address **Ladonia Mo** Date signed **2-21-44**

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-491

Date Filed MAR 7 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.....

*C. B. Kuhne*

Licensed Embalmer No. 3059

P. O. Address Willsville, Md.

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.