

FILED MAR 10 1944

State File No.

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 204 N. Kimball
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mattie Vandalia Cockrill

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Robert Cockrill 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 10 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 15 hr. min.

9. Birthplace Estell Co Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name John Wilson
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Balaghan
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Burn O Purnau

(b) Address 1020 Rossmore Rd Kansas City Mo

17. (a) Burial (b) Date thereof 2-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Hill

18. (a) Signature of funeral director Clarence Richard

(b) Address Excelsior Springs Mo

19. (a) 2-26-44 (b) Mrs. Ade Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1944 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2-24-1944 to 2-25-1944
that I last saw her alive on 2-25-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Influenza-acute

Due to 330

Other conditions old age
(Include pregnancy within 3 months of death)

Major findings: Of operations none made

Of autopsy none made

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 John T. Shales M. D. or other _____
Address Excelsior Springs Mo Date signed 2/26/44

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 6,
District File No. 3-9-44
eto Filed

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 Carl Rapp
Licensed Embalmer No. 3458
P. O. Address Ex Spgs. 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.