

FILED APR 8 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4069

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Camden  
(b) City or town Macks Creek  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Allice Ann Josephine Cottey

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Louis Jasper Cottey 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased JAN. 5 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Camden County Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_  
12. Name John B. Maulder  
13. Birthplace Tenn. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Capps  
15. Birthplace Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis T. Cottey  
(b) Address Macks Creek Mo.

17. (a) Burial (b) Date thereof Feb. 29, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Vaughan & Reser  
(b) Address Urbana Mo.

19. (a) March 6, 1944 (b) Mrs. A. R. Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Macks Creek  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28  
year 1944 hour 4 minute P.M.  
21. I hereby certify that I attended the deceased from Jan 1st  
1941 to Feb 28th 1944;  
that I last saw her alive on Feb 27th 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of basal epithelium of right hand and left temple and left eyelid of face  
Duration 5 yrs

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

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 \_\_\_\_\_

23. Signature G. D. Messer (M. D. or other) \_\_\_\_\_  
Address Macks Creek Mo. Date signed 2/29/44

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

2  
41  
39  
26390

RECEIVED

District Health Officer No. 7,

District File Number 3-44-447

Date Filed 4-7-44

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.....

*Donald B. Lupin*

Licensed Embalmer No. 3053

P. O. Address Warsaw, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**