

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11215

FILED APR 12 1944

Registration District No. 3127

Primary Registration District No. 3127

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jane Chinn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 809 Jackson
(Rural, give location)

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

3. (a) PRINT FULL NAME Janice Elaine Cogbill

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 - 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Webb City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name David Lee Cogbill

13. Birthplace Spurgeon Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Seward

15. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Seward

(b) Address Rt #1 Box 597 Joplin Mo

17. (a) Burial (b) Date thereof 3-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne

18. (a) Signature of funeral director Hombill - Sisson

(b) Address Joplin Mo

19. (a) Mar 10 1944 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1944 hour 8 minute 22 A.M.

21. I hereby certify that I attended the deceased from March 8 1944, to March 8 1944, that I last saw her alive on March 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration 8 mos

Due to _____

Due to Cardiac Inefficiency

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 159

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 Harry D. Marbough (Date) or other D.O.
Address Joplin Mo Date signed 3-9-44

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

44-2-315

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 *John Moulton*

Licensed Embalmer No. *3590*

P. O. Address *Joplin, 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.