

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Boonville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural 3rd Center township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life
years, months or days days more

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Boonville (Rural) R1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 3rd Center township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Cotter
3. (b) If veteran, name war Spanish American 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th
year 1944 hour 8 minute 30 P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jean Johnson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 23 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1943 to June 1944
that I last saw him alive on May, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 16 hr. min.

Immediate cause of death Coronary occlusion Duration 15 min

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

Due to Coronary Disease over 3 years

Due to Myocarditis over 10 years

10. Usual occupation farmer

Other conditions Chronic valvular Heart Disease over 10 years
(Include pregnancy within 3 months of death)

11. Industry or business General farming

Major findings:
Of operations _____

Of autopsy 938
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name James Cotter
13. Birthplace Greene Co. Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Squibb
15. Birthplace Greene Co. Tenn
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant William Cotter

(b) Address Boonville Mo

17. (a) Boonville (b) Date thereof May 11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Squibb Cemetery

18. (a) Signature of funeral director Walter Brown

(b) Address Boonville Mo

19. (a) 6-11-1944 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Charles H. Orr (M. D. or other) MD
Address Boonville Mo Date signed 6-10-44

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 44-6-49

Date Filed 6-14-44

AUG 7 1956

JUN 21 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 J. B. Birch.....

Licensed Embalmer No. 3856.....

P. O. Address Ash Grove 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.