

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18791

State File No. _____

Registration District No. 266

Primary Registration District No. 5898

Registrar's No. _____

77
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Richland Twp. Rural
(c) Name of hospital or institution: Dartmo
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Several years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark??
(c) City or town Richland Twp. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Dartmo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Richard A Cobb
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25 year 1944 hour 9.45 minute 4 M.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Cobb
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased: Mar 27 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 25 1944 to Apr 25 1944
that I last saw him live on Apr 24 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months _____ Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Double bronchial pneumonia Duration 15 days
Due to Previously had flu

9. Birthplace Ozark Co MO
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business Farming
12. Name Henry Cobb
13. Birthplace Ozark MO
14. Maiden name Angelin Martin
15. Birthplace Richland Twp. Rural MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
107

16. (a) Informant Willard Cobb
(b) Address Richland Twp. Rural MO
17. (a) Rural (b) Date thereof April 26
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director M. E. Chure
(b) Address Richland Twp. Rural MO
19. (a) 5-1-1944 (b) O. S. Westbrook
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature C. A. Beach (M. D. or other) _____
Address Richland Twp. Rural MO Date signed 4-29

RECEIVED

District Health Officer No. 6;

District File Number 544-651

Date Filed ~~MAY 24 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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Goinesville m

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.