

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUL 26 1944
Registration District No. 156

Primary Registration District No. 2001

State File No. _____
Registrar's No. 334

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

1. PLACE OF DEATH

(a) County Gaspeur

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

(c) Name of hospital or institution: 2327 Moffett
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Tupel COSSEY

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 3 If less than one day hr. min.

9. Birthplace La Cade Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Depot

11. Industry or business Freight Depot

12. Name John Cossey

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

14. Maiden name Archie Dunlacy
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Edith Cossey

(b) Address 2327 Moffett

17. (a) Burial (b) Date thereof 7-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York Memorial

18. (a) Signature of funeral director Arthur Hill Dillon

(b) Address Gaspeur Mo

19. (a) 7-8-44 (b) Gertude Redholls
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gaspeur

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

(d) Street No. 2327 Moffett
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 11:15 minute 0 .M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw did not see him alive and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary thrombophlebitis

Due to: Pulmonary tuberculosis

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

Major findings: 1381

Of operations _____

Of autopsy _____

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? _____

23. Signature P. W. Webster (M. D. of other) _____
While at work _____ (Specify type of place) _____
Address Carthage Mo Date signed July 8, 44

1204

44-6-578

JUL 28 1948
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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 Cecil A. Thornhill
Licensed Embalmer No. 3590
P. O. Address Joplin

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.