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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34221

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 808

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

39
2
6

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether in this community 10 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22 0 0
(c) City or town rural (If outside city or town limits write "RURAL")
(d) Street No. Clever. #1. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Schuyler Calfax Cobb
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Phoebe Cobb
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct. (Month) 3 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	0	5	hr. min.

9. Birthplace Unk. (City, town, or county) N. Carolina (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name John Cobb
13. Birthplace Unk. N.C. (City, town, or county) N. Carolina (State or foreign country)
MOTHER
14. Maiden name Sarah Waldinger
15. Birthplace Unk. N. Carolina (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. S.C. Cobb
(b) Address Clever. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 (Month) (Day) 1944 (Year)
(c) Place: burial or cremation Frazier Chapel
18. (a) Signature of funeral director T. W. Maples
(b) Address Clever. Mo
19. (a) 10-9-44 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th year 1944 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from Oct. 7, 1944, to Oct 7, 1944; that I last saw him alive on Oct 7, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	11 hours
Due to Gun shot wound of left axillary space and arm	
Due to accident while hunting	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 184	
Of autopsy 37	

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) accident 0 2
(b) Date of occurrence Oct 7, 1944
(c) Where did injury occur? Christian County, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On his own farm (Specify type of place)
While at work? no (e) Means of injury Shot gun wound
23. Signature Charles A Spears (M. D. or other) MD
Address Billings, Missouri Date signed 10-9-44

984 (Licensed Embalmer's Statement on Reverse Side)

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 T. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever - 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, above space should be left blank.

X