

FILED NOV 18 1944
Registration District No. 2

Primary Registration District No. 5900

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Deering *Braggadocio*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community All life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 79
(c) City or town Deering 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. rural (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Infant 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7,
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from oct 5
1944 to oct 7 1944
that I last saw her alive on oct 6 1944
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mary Lee Cobb
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased July 2, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 5 hr. min.

9. Birthplace Deering, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation None

11. Industry or business None
12. Name Roy Cobb
13. Birthplace Braggadocio, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Audrie Thompson
15. Birthplace Steele, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Cobb
(b) Address Deering, Missouri
17. (a) Burial (b) Date thereof 10-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. H. Jorg
(b) Address Caruthersville, Mo.
19. (a) 10-12-1944 (b) J. J. O'Brien
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____
malnutrition, anemia
gastro-intestinal disorder
Due to unknown
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration
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 _____

23. Signature J. Chapman (M. D. or other)
Address Steele Date signed 10/15/44

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

1800

MOTHER FATHER

1327

10-44-260

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.....

Licensed Embalmer No.....

P. O. Address.....

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.