

FILED DEC 22 1944

Registration District No. 135

Primary Registration District No. 5497

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Ridgeway - Rural - Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/2 mile East Ridgeway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 51
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison ⁴¹
(c) City or town Ridgeway Rural ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. East Ridgeway 1 1/2 miles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Jesse M. Cocklin

3. (b) If veteran, name war L 3. (c) Social Security No. —

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years (Month) (Day) (Year) 10 - 25 - 88

8. AGE: Years 60 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Minersville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

12. Name Jacob W. Cocklin

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

14. Maiden name Mary Knight

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

16. (a) Informant Jesse E. Cocklin

(b) Address Ridgeway Mo

17. (a) Burial (b) Date thereof 6-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Law Hill Cemetery

18. (a) Signature of funeral director RK Bossert

(b) Address Ridgeway Mo

19. (a) 6-17-44 (b) Jedi Brewer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1944 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death accident

Due to Runaway team hitched to wagon

Due to Head crushed -

Other conditions —
(Include occupancy within 3 months of death)

Major findings: Of operations 1753

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) accident ⁰⁴¹

(b) Date of occurrence about 7:30 pm June 16

(c) Where did injury occur? near Ridgeway Harrison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm in pasture

While at work? yes (Specify type of place) (e) Means of injury Head crushed

23. Signature Joe E. Wheeler (M. Registrar)
Address Bethany Mo Date signed June 17 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

R.R. Boggs

Licensed Embalmer No.

3576

P. O. Address

Ridgeway 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.