

FILED MAR 7 1945

Primary Registration District No. 1002

Registrar's No. 869

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meisrah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAY
(c) City or town DRICK
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MARY E. COCHRAN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ✓ years 1874
7. Birth date of deceased OCT 3 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 19 If less than one day hr. min.

9. Birthplace RAY COUNTY MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business

12. Name JOHN DORTON
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name IREBECCA FLETCHER
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant EDGAR DORTON
(b) Address CAMDEN MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation SOUTH POINT, MO

18. (a) Signature of funeral director Orland Minor

(b) Address Richmond, Mo

19. (a) 2-22-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 22 year 1945 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from 22 19 44 to Feb 22 19 45
that I last saw him alive on Feb 22 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach 6 wks.
General metastasis 3 wks.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 465

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?

While at work (Specify type of place) (Means of injury)

23. Signature A. Morris Gustafson M.D. or other
Address 420 Prof. Bldg Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Portland Mison

Licensed Embalmer No. *3414*

P. O. Address. *Richmond 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.