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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12077

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1547

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died in Recv. Wd. K.C. Gen. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not Hosp. case (Specify whether)
In this community: 23 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 605 West 5th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -------

3. (a) PRINT FULL NAME: Hattie Cockrum (Maude Mitchell)
3. (b) If veteran, name war: No
3. (c) Social Security No. 995-07-6881
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. VEIGH COCKRUM
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: DECEMBER (Month) -12- (Day) 1890 (Year)

8. AGE: Years 54 Months 3 Days 22 If less than one day hr. min.

9. Birthplace: ARKANSAS (City, town, or county) (State or foreign country)
10. Usual occupation: SECRETARY
11. Industry or business: COCKRUM SALES COMPANY
FATHER 12. Name: UNKNOWN MITCHELL
FATHER 13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: BEULAH DUNNAWAY
MOTHER 15. Birthplace: WHITE COUNTY ARKANSAS (City, town, or county) (State or foreign country)
16. (a) Informant: MR. VEIGH COCKRUM
(b) Address: 606 - WEST - 5TH STREET
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: APRIL 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Newcomer's Sons
18. (a) Signature of funeral director: U. A. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 4-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1945 hour 5:00 P.M. minute M.
21. I hereby certify that I attended the deceased from 4-4-45, 19..., to 4-4-45, 19...; that I last saw her alive on 4-4-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Due to: Diabetic Acidosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: See above diagnosis

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Clark W. Seely M.D. (M. D. or other)
Med. Supt. K.C. Gen. Hospital
Address: Date signed: 4-5-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.