S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17937
State File No.

Registration District No. 3 a5
Primary Registration District No. 4452
Registrar's No.

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

1. PLACE OF DEATH:
(a) County: St Charles
(b) City or town: Wentzville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wentzville, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St Charles
(c) City or town: Wentzville (If outside city or town limits, write "RURAL")
(d) Street No.: Wentzville, Mo. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jerry Cosby
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: C
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 4 (Month) 5 (Day) 1901 (Year)
8. AGE: Years 44 Months 1 Days 3 If less than one day hr. min.
9. Birthplace: Wentzville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Mill
11. Industry or business:
MOTHER FATHER
12. Name: Ira Cosby
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Ella Hicks
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Hilliary Cosby
(b) Address: 8112 Elenore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Wentzville Mo
18. (a) Signature of funeral director: Bernice Love
(b) Address: 3103 Washington
19. (a) 5/13/45 (Date received local registrar) Gertrude S. Tordsell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1945 hour 6 00 minute P. M.
21. I hereby certify that I attended the deceased from Mar. 15, 1945 to May, 1945 that I last saw him alive on 5/5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Miliary Tuberculosis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy:

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: 0
23. Signature: H. C. McMurray (M. D. or other) MD
Address: Wentzville, Mo. Date signed 5/10/45

681 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-13-45

MAY 15 1946

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 W. Claude Gordon

Licensed Embalmer No. 9489

P. O. Address 4575 Aldine

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.