V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21548

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3 2 (If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution
In this community 11 years 5 mo 25 d. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barton
(c) City or town Lamar 108 (If outside city or town limits, write "RURAL")
(d) Street No. unknown 0 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES-COCKRELL
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Elizabeth Cockrell
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June (Month) 1 (Day) 1873 (Year)

8. AGE: Years 72 Months 0 Days 12 If less than one day — hr. — min.

9. Birthplace Lamar (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer & Bookkeeper
11. Industry or business none

MOTHER FATHER
12. Name Allen Cockrell
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)
14. Maiden name Elvira Groves
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUN 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar Mo.
19. (a) 6-13-45 (Date received local registrar) (b) Hazel B. Beuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 19 39 to June 12 19 45 that I last saw h. alive on June 12 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Tbc.
Due to
Due to
Other conditions Manic-Manic chronic (Include pregnancy within 3 months of death)
Major findings: Of operations no operation
Of autopsy no autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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 Paul L Barone (M. D. or other)
Address State Hosp No 3 Date signed June 12

1331 (Licensed Embalmer's Statement on Reverse Side) Nevada, Mo.

RECEIVED
District Health Officer No. 7
District File Number 6-45-6.65
Date Filed 7-11-45

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: Earl F. Konantz

Licensed Embalmer No. 2247

P. O. Address: Lamar, 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.