S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22865

State File No.

FILED AUG 4 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 33152

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: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 MINUTES (Specify whether years, months or days)

In this community: 24 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 4K

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 605 W. 5 St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: ALPHA Veigh Cockrum

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-05-5764

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MRS HATTYE COCKRUM

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: JANUARY - 26 - 1886 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days ~~25~~ 24 If less than one day hr. min.

9. Birthplace: LONE ROCK (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation: MILL AGENT

11. Industry or business: KAW VALLEY COTTON MILLS

FATHER
12. Name: SHELT COCKRUM
13. Birthplace: MT. VERNON (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: MOLLIE GAITHER
15. Birthplace: MARION COUNTY (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant: MRS. BEULAH VEIGH BOECK

(b) Address: SAN GABRIEL, CALIFORNIA

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: JULY-27-1945 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation: D.H. Newcomer's Sons

18. (a) Signature of funeral director: D.H. Newcomer's Sons

(b) Address: 1401 - BROSH CREEK BLVD.

19. (a) 7-27-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 20 year: 1945 hour: 3 minute: 50 P.M.

21. I hereby certify that I attended the deceased from JULY 20TH, 1945, to JULY-20TH, 1945; that I last saw him alive on JULY-20TH, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
Coronary Occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	

Major findings:
Of operations:

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:

23. Signature: Clark W. Seely (M. D. or other) 7-21-45

Address: Med. Dir. Gen'l Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 H B Newcomer Jr

Licensed Embalmer No. 4043

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.