. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27269

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
208 E. Park St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 25

(c) City or town Malden 2
(If outside city or town limits, write "RURAL")

(d) Street No. 208 E. Park 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Theodocia Ann Cochran

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 1

5. Color or race White

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

6. (b) Name of husband or wife James W. Cochran

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October (Month) 29 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	0	hr. min.

9. Birthplace Shady Grove (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

FATHER
12. Name Jerome St Clair
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Fannie Moss
15. Birthplace Shady Grove (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant W. A. Gaines
(b) Address 410 E. Howard, Malden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Park Cemetary

18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri

19. (a) 8-30-45 (Date received local registrar) (b) T D Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1945 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from Aug 25th, 1945, to Aug 29, 1945
that I last saw her alive on Aug 28th, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemic Pneumonia	1 wk
Pathological Gall bladder	25 yrs
Due to	
Due to	
Other conditions Acute nephritis (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy 130

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 S. E. Mitchell (M. D. or other) 0
Address Malden Mo Date signed 8/30/45

1288 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 945-2
Date Filed 9-5-45

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 J. R. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, 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.