

FILED OCT 19 1945

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lafayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1522 Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Lafayette
(If outside city or town limits, write "RURAL")
(d) Street No. 1522 South
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM B. COBB

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced or married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Dec. 27 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 7 _____ hr. _____ min.

9. Birthplace Springfield MO
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of P.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas M. Cobb
13. Birthplace Johnson Co. MO
(City, town, or county) (State or foreign country)
14. Maiden name Cameron
15. Birthplace Boonville, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Frazer
(b) Address Lafayette, MO

17. (a) Burial (b) Date thereof 9-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette, MO

18. (a) Signature of funeral director Harold H. Kempel
(b) Address Lafayette, MO

19. (a) 12 Oct 1945 (b) Wm. E. Entelmeier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/19/45, 1945 to Sept 4, 1945
that I last saw him alive on Sept 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal
decompensation
Due to Chronic Myocarditis
decompensating
Due to Arterio Sclerotic Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 130

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. E. Entelmeier (M. D. or other) _____
Address Lafayette MO Date signed 9/5/45

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-18-45

Perkins

NOV 2 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 *W. McLean*
Licensed Embalmer No. 2983
P. O. Address *Levington, Tex*

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.