

S. No. 2
M-5-43
v. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41651

State File No.

FILED DEC 29 1945

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1534 days
(Specify whether years, months or days)

In this community 1534 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri; (b) County Newton

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willis Cogbill

3. (b) If veteran, name war No

3. (c) Social Security No. 444-03-9496

4. Sex Male 5. Color or race White

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 March 22 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
year 1945 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from Sept. 17th 19 45 to Nov. 30 19 45
that I last saw him alive on Nov. 29th 19 45
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>8</u>	<u>8</u>	hr. min.

Immediate cause of death Pulmonary Tuberculosis Over 10 yrs.

Due to _____

Due to _____

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

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

Major findings:
Of operations _____

Of autopsy 13/1

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

MOTHER FATHER

12. Name Ralph Cogbill

13. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edith Holt

15. Birthplace Fairplay Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) Reinard (b) Date thereof Nov-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo. Crown Park

18. (a) Signature of funeral director Thomhill Della
(b) Address Joplin, Mo.

19. (a) 11-24-45 (b) DR Philbrick
(Date received local registrar) (Registrar's signature)

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 Y. T. Lykaiva (M. D. or other) m.d.
Address Mt. Vernon, Missouri Date signed 11-30-45

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

1464

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;
District File Number 12-45-1198
Date Filed 12-18-45

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.....

Max S. Foresett

Licensed Embalmer No.....

4252

P. O. Address.....

W. Vernon, 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.