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

State File No. **12807**  
Registrar's No. **47**

**FILED** MAY 14 1946  
Registration District No. **120**

Primary Registration District No. **4798-5449**

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

**1. PLACE OF DEATH:**  
(a) County Gentry  
(b) City or town King City Mo. R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Yr.  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Gentry **38**  
(c) City or town King City R.R. **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **0**  
(If rural, give location) **0**  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Elic. Cobb  
(b) If veteran, name war No.  
(c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 26 year 1946 hour 11 minute 4 M.

4. Sex Male 5. Color or race Cau.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Melvena  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased May 24 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 25, 1946 to April 26, 1946  
that I last saw him alive on April 26, 1946  
and that death occurred on the date and hour stated above.

**8. (AGE):** Years 69 Months 11 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary thrombosis  
Due to arterio sclerosis

9. Birthplace Gower Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Same.  
12. Name Austin Cobb.  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy E. White.  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Major findings: Of operations gfw  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant C. C. Cobb  
(b) Address Lawrence Kans.  
17. (a) Removal (b) Date thereof 4.28.1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ozawkie Kans.

**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? \_\_\_\_\_

18. (a) Signature of funeral director R. B. Spayford  
(b) Address King City Mo.  
19. (a) Apr 28 1946 (b) Harvey D. White  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3  
23. Signature R. E. Blacklock (M. D. or other)  
Address King City Mo. Date signed 4/24/46

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *R. G. Tappert*.....

Licensed Embalmer No. 2563.....

P. O. Address King City 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.