

**FILED JUN 10 1946**  
349

Registration District No. ....

Primary Registration District No. 43-14

Registrar's No. 8

1. PLACE OF DEATH:

(a) County... Sullivan  
(b) City or town... Green City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... \_\_\_\_\_ (Specify whether  
In this community... 41 years  
years, months or days)

3. (a) PRINT FULL NAME Michael James Cochran

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife... Christine 6. (c) Age of husband or wife if alive... 72 years  
7. Birth date of deceased... 11 (Month) 25 (Day) 1873 (Year)

8. AGE: Years... 72 Months... 5 Days... 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace... Gentry Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

11. Industry or business

MOTHER FATHER  
12. Name... Michael Cochran  
13. Birthplace... Canada  
14. Maiden name... Mary Cleburn  
15. Birthplace... Scotland

16. (a) Informant... Mike Cochran  
(b) Address... Green City Mo.

17. (a) Burial (b) Date thereof... 5-8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Mt. Olivet Cem  
18. (a) Signature of funeral director... Glenn E. Kenton  
(b) Address... Green City Mo.

19. (a) Jan 3, 1946 (b) J. Ira M. Shaw  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Sullivan  
(c) City or town... Green City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1946 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from April 25  
1946 to May 6 1946  
that I last saw him alive on May 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death... ESOPHAGEAL MEMBRANE  
Cirrhosis of Liver

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury... 2  
23. Signature... H. E. Dehuri (M. D. or other) 2  
Address... Green City, Mo. Date signed... 5-8-46

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

RECEIVED

District Health Officer No. 10

District File Number 6-46-1116

Date Filed JUN 6 1946

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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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.**