

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36571

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

State File No. 21001
Registrar's No. 25

FILED JUN 20 1946

Registration District No. 256 Primary Registration District No. 4351 5818

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNETT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BARNETT
(If rural, give location)
(e) Citizen of foreign country? None No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA MALTI DA COCHRAN
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color of race White
6. (a) Single, widowed, married, divorced, MARRIED
(b) Name of husband or wife JAMES FRANKLIN COCHRAN 6. (c) Age of husband or wife if 92 years
7. Birth date of deceased Dec. 25 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 16 - hr. - min.

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

10. Usual occupation House-wife

11. Industry or business Home

MOTHER FATHER { 12. Name SIMON RATCHITT
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name REBECCA CAMERON
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Kidwell
(b) Address Barnett Mo

17. (a) BURIAL (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cem

18. (a) Signature of funeral director Eldon M. Washburn
(b) Address 6-18-46

19. (a) 6-18-46 (b) E. Washburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1946 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6/5 to 6/11
that I last saw her alive on 6/7
and that death occurred on the date and hour stated above.

Immediate cause of death By postative pneumonia
Due to securility
Due to ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 11/10

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 E. D. Walker (M. D. 0)
Address Eldon Mo Date signed 6-12-46

Duration 6/7/46
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

214

117-1-11

RECEIVED

Director of Health Officer No. 7,

Dist. No. 5-46-626

Date Filed 6-19-46

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 Keith M. Kays
Licensed Embalmer No. 3998

P. O. Address Eldon 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.