

**FILED** Oct 27 1946

Registration District No. **27** Primary Registration District No. **3002**

**1. PLACE OF DEATH:**  
 (a) County **Bates**  
 (b) City or town **Butler, Mo.** (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Butler Memorial Hospital** (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (years, months or days)

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

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept.** day **16** year **1946** hour **7** minute **P.M.**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Tom Cobb** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Dec. 15 1872** (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Aug 10th to Sept 16 46**  
 that I last saw her alive on **Sept 16 46**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **73** Months **9** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Immediate cause of death** **Coronary thrombosis**  
**Due to** **Hypertension**  
**Due to** \_\_\_\_\_

**9. Birthplace** **no record** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Housewife**

**Other conditions** (Include pregnancy within 3 months of death)  
**Major findings:** Of operations \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Mabuy**  
**13. Birthplace** **no record** (City, town, or county) (State or foreign country)  
**14. Maiden name** **no record**  
**15. Birthplace** **no record** (City, town, or county) (State or foreign country)

**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
**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? \_\_\_\_\_

**16. (a) Informant** **Mrs. Cora Boyd**  
**(b) Address** **Clinton, Mo.**  
**17. (a) Burial** (Burial, cremation, or removal) **Sept. 22, 1946** (b) Date thereof (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Independence, Cemetery**

**23. Signature** **L. S. Latture** (M. D. or other) \_\_\_\_\_  
**Address** **Butler, Mo** **Date signed** **9-20-46**

**18. (a) Signature of funeral director** **Booth Funeral Service**  
**(b) Address** **Rich Hill, Mo.**  
**19. (a) Date received local registrar** **Sept 26-46** (b) Registrar's Signature \_\_\_\_\_

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

28331

17

RECEIVED

Director: Health Officer No. 7,

Division 9-46-994

Date filed 10-3-46

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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 John G. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.**