

FILED JAN 20 1947

State File No. \_\_\_\_\_

Registration District No. 226

Primary Registration District No. 6107

Registrar's No. 51

1. PLACE OF DEATH:

(a) County SCOTLAND Co

(b) City or town GRANGER  
(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 73 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County SCOTLAND Co

(c) City or town GRANGER  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME ASA COSSEL

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

4. Sex MALE 5. Color or race W.

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife MARY L. COSSEL 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased JUNE 18 1855  
(Month) (Day) (Year)

8. AGE: 91 Years 5 Months 24 Days  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace DAVIS Co. IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MICHEL COSSEL

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

14. Maiden name MARTHA McCORD  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank Cossel  
(b) Address Bourning Mo

17. (a) Funeral (b) Date thereof 12-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARKER CEMETERY

18. (a) Signature of funeral director W. Wayne Dowe  
(b) Address MEMPHIS Mo.

19. (a) Jan 13-47 (b) Mrs. E. E. Parrish  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12  
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct 16 1946 to Dec 12 1946  
that I last saw him alive on Dec 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Chronic Interstitial Nephritis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 131A

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 A. M. Keethler (M. D. or other) \_\_\_\_\_  
Address Memphis, Mo. Date signed 12-15-46

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

NOV 8 1949

RECEIVED  
District Health Officer No. 10  
District File # 47-134  
Date Filed JAN 17 1947

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn.

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.