

No. 2  
M-5-43  
5-17-39  
I X36671

**FILED FEB 19 1947**  
Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **30**

220  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County **Henry**  
 (b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Community Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 days**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Russell B. Cochran**  
**3. (b) If veteran, name war** **World War 1** **3. (c) Social Security No.**

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** **6. (c) Age of husband or wife if alive** **years**  
**7. Birth date of deceased** **April 16 1895**  
(Month) (Day) (Year)

**8. AGE:** Years **51** Months **9** Days **21** If less than one day  
hr. min.

**9. Birthplace** **West Branch Iowa**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farming**

**11. Industry or business**  
**MOTHER FATHER**  
**12. Name** **James Cochran**  
**13. Birthplace** **unknown Iowa**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Essie Spinning**  
**15. Birthplace** **unknown unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Paul Cochran**  
**(b) Address** **Windsor, Missouri**

**17. (a) (b) Date thereof** **2-9-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Windsor, Missouri**

**18. (a) Signature of funeral director** **Huston - Jurell**  
**(b) Address** **Windsor, Mo.**

**19. (a) 2-12-47 (b) R. R. Remy**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Benton**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **R#2, Windsor**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **7**  
 year **1947** hour **4:30 P M** minute **M.**  
**21. I hereby certify that I attended the deceased from** **Nov. 15 1946 to Feb. 7 1947**  
 that I last saw him alive on **Feb. 7, 1947**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Cancer of Intestines** **Duration 1 yr.**  
 Due to  
 Due to  
 Other conditions **None**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:** **Multiple cancerous lesions of Intestines**  
**Of autopsy:** **None**  
 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?  
 While at work? (Specify type of place) (c) Means of injury **0**

**23. Signature** **J. A. Blackmore** (M. D. or other) **MD.**  
**Address** **Windsor, Mo.** **Date signed** **2-8-47**

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CT-11-2  
9-11-1  
1/11/1947

FEB 25 1947

DEC 15 1946

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.....

William M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed.....

*E. P. ...*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.