

FILED MAY 6 1947  
Registration District No. **53**

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**  
 (b) City or town **Cape Girardeau**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **St. Francis**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 hours** (Specify whether  
 In this community **7 months 7 days** years, months or days)

3. (a) PRINT FULL NAME **Van Lee Cobb**  
 (b) If veteran, name war   
 (c) Social Security No.

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **0**  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased **Dec 15, 1946**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>4</b>	<b>7</b>	<b>7</b>	<b>4</b> hr. <b>7</b> min.

9. Birthplace **Portageville Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Surf**

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

MOTHER FATHER

12. Name **Miss Van Lee Cobb**  
 13. Birthplace **Mark Twain Arkansas**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Bessie Crawford**  
 15. Birthplace **Portageville Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Van Lee Cobb**  
 (b) Address **Portageville Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-23-47**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Portageville Cemetery Mo**

18. (a) Signature of funeral director **W. L. Fisher**  
 (b) Address **Portageville Mo**

19. (a) **5-3-1947** (Date received local registrar) (b) **C. C. Summer** (Registrar's signature) **5/11**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **New Madrid**  
 (c) City or town **Portageville** (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 **April** day **22**  
 year **1947** hour **11:55** minute **P** M.

21. I hereby certify that I attended the deceased from **April 22** 19**47** to **April 27** 19**47**  
 that I last saw him alive on **April 22** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **2 1/2 hrs**  
**laryngo-tracheo-bronchitis** **5 days**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **10**

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. Cochran** (M. D. certificate)  
 Address **Cape Girardeau Mo** Date signed **4/29/47**

RECEIVED

Health Officer No. 4  
Lic. File Number 547-618  
Date Filed 5-5-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.