

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30356

Registration District No. 33

Primary Registration District No. 5116

Registrar's No. 11

1. PLACE OF DEATH

(a) County Boone

(b) City or town Sturgeon, RR# 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Sturgeon
(If outside city or town limits, write "RURAL")

(d) Street No. RR# 2 Sturgeon mo
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Louisa Cottingham

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th
year 1947 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from See 1945
2 19— to 9/10/47 19—;
that I last saw h. or alive on Sept 9, 1947 19—;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. H. Cottingham Dec'd 12/7/37

6. (c) Age of husband or wife if alive 18th years (Day) (Year)

7. Birth date of deceased Feb 18th 1873
(Month) (Day) (Year)

Immediate cause of death Cardio-respiratory failure Duration 36 hr.

Due to Arteriosclerosis

Due to Senile Dementia 4 mo 4 mo

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

74 4 22 hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Talbert Litterell

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

14. Maiden name Martha Gashmerler

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

16. (a) Informant Mrs Leon McHatton

(b) Address RFD Sturgeon mo

17. (a) Burial (b) Date thereof Sept 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Mohran and Son

(b) Address Sturgeon mo

19. (a) Sept 11 47 (b) Thelma Edgeman
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations

Of autopsy 97

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 2

23. Signature Talbert Litterell (M. D. or other)

Address Sturgeon mo Date signed 9-11-47

(Licensed Embalmer's Statement on Reverse Side)

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

10
0
0

RECEIVED
District Health Officer No. 2
District File Number
Date Filed 9-30-49

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.