

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1869

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

FILED FEB 13 1948

Registration District No. 239

Primary Registration District No. 58254356

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 49 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma  
(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 CLARA-BELL-COCHRAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color of hair White

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

6. (b) Name of husband or wife B. B. Cochran

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 21 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>7</u>	hr. _____ min.

9. Birthplace Deal Stadt Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name Charles D. Hon

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

14. Maiden name Jamie Deem

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

16. (a) Informant B. B. Cochran

(b) Address Parma, Mo

17. (a) Burial (b) Date thereof Jan-31-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director Walter Funeral Service

(b) Address Parma Mo

19. (a) 1/31/48 (b) Geo. Stuedt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1948 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 26 1948 to Jan 28 1948  
that I last saw her alive on Jan 28 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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

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

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

Major findings: SBH  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 injury)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. Geo. Stuedt (M. D. or other)

Address Parma Mo Date signed 1/31/48

RECEIVED

District Health Office No. 2,

District File Number 248-203

Date Filed 2-9-48

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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 Lynnan Steele  
Licensed Embalmer No. 2476  
P. O. Address Nexter 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.