No. 2
9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4161

Registration District No. ..... Primary Registration District No. 5177 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Camden Co

(b) City or town Richland Jackson Twp

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

(c) Name of hospital or institution: Rural

(If not in hospital or institution, write street number or location)

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

In this community ..... years, months or days) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden 15

(c) City or town Richland Mo 0

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

(d) Street No. Rural 0

(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME LEVI Cobble

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lucy Cobble

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb (Month) 17 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	14	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Geo Cobble
13. Birthplace unknown (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Lucy Cobble

(b) Address Richland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt View Cemetery

18. (a) Signature of funeral director R B Turner

(b) Address Richland Mo.

19. (a) Feb. 5-1948 (Date received local registrar) (b) Zilpha Traw (Registrar's signature) 42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1948 hour 12 minute 20 p. M.

21. I hereby certify that I attended the deceased from ..... , 19..., to Jan 31, 1948 that I last saw him alive on ....., 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Rt.	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Paul C Roock (M. D. or other)

Address Richland, Mo. Date signed 2/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-48-55
Date Filed 2-11-48

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 R. B. Draper

Licensed Embalmer No. 3198

P. O. Address Rockland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.