

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATHState File No. **27595**
Registrar's No. **7201**

FILED AUG 28 1948

1003

Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Frisco Hospital** **0**
 (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

3. (a) PRINT
FULL NAME**Joel S. Cokeley**

3. (b) If veteran,

name war **W.W.I.**

3. (c) Social Security

No. **Unknown**

4. Sex **Male** **0** 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 **March** **27th** **1895**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 **4** **18** hr. min.

9. Birthplace **Custer City** **Oklahoma**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**11. Industry or business **B & B, Frisco R.R.**12. Name **Frank Cokeley**13. Birthplace **Nebraska**
 (City, town, or county) (State or foreign country)14. Maiden name **Anna Palmer**15. Birthplace **Pennsylvania**
 (City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Anna Cokeley**(b) Address **Weatherford, Okla.**17. (a) **Removal** (b) Date thereof **8-15-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Oklahoma City, Okla.**18. (a) Signature of funeral director **Albert H. Hoppe**(b) Address **4700 Washington Blvd**19. (a) **AUG 16 1948** (b) **J. F. Budack**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Major County**
 (c) City or town **Ringwood** **944**
 (If outside city or town limits, write "RURAL") **34**
 (d) Street No. **NR** (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No) **2**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14**
 year **1948** hour **8** minute **15 P.M.**

21. I hereby certify that I attended the deceased from
July 29 - 1948 to **Aug 14 - 1948**
 that I last saw him alive on _____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Aplastic Anemia **1 year**
 Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**
 (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? **NO**

While at work **✓** (Specify type of place) _____
 Means of injury **✓**

23. Signature **E. H. Fessenden** (M. D. or other)
 Address **4960 Laidlaw House Mo** Date signed **8/14/48**

SEP 20 1840

7201

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

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St. Louis, 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.