

No. 300
10-47
17-39
PI 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28754

FILED OCT 12 1948

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 315 N. Mulanix (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dr. Kathryn Cobb

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. F. Cobb
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb. 19 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation Doctor

11. Industry or business _____

12. Name Henry Satterfield
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Johnson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. F. Cobb
(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 10/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)
Queen City, Mo.

(c) Place of burial or cremation Lee Riley Funeral Home
18. (a) Signature of funeral director Kirkville, Mo.
(b) Address _____

19. (a) Oct 4-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1948 hour 12:15 minute A: M.

21. I hereby certify that I attended the deceased from Sept 9 1948 to Sept 29 1948
that I last saw her alive on Sept 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of urinary bladder

Due to _____
Due to _____

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

Major findings: Of operations 52B
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 place) Means of injury 2

23. Signature P. T. Rhoads (M. D. or other) DO.
Address Kirkville, Mo. Date signed 9-30-48

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

MOTHER FATHER

NOV 13 1948

NOV 12 1948

RECEIVED
District Health Officer No. 10
District File Number 10-48-170
Date Filed OCT 11 1948

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..... *DEE Riley*

Licensed Embalmer No. 4181

P. O. Address..... Kirksville, 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.