No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1948

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28841

Primary Registration District No. 4036

Registrar's No. 27

1. PLACE OF DEATH:

(a) County BATES

(b) City or town RICH HILL - OSAGT WP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 488-MYRTLE ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 5 MONTHS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES. 7

(c) City or town RICH Hill, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 408 MYRTLE. 0
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MERIFETH H. COTTLE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, divorced WIDOWED

6. (b) Name of husband or wife ISSAIC COTTLE

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

7. Birth date of deceased MAY (Month) 2 (Day) 1863 (Year)

8. AGE: Years 85 | Months 4 | Days 13 | If less than one day — hr. — min.

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

10. Usual occupation HOUSEWIFE.

11. Industry or business —

FATHER
12. Name JERAMIAH LAWELLIN
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

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

16. (a) Informant PEARL B. PRINGLE

(b) Address 408 MYRTLE ST.

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

(c) Place: burial or cremation LAWRENCE KANS.

18. (a) Signature of funeral director Beth

(b) Address Rich Hill, Mo

19. (a) Sept. 16-48 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 15 year 1948 hour SIX minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1948, to Sept 15, 1948 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebra Hemorrhage	1 hr
Due to Arteriosclerosis	14 r
Due to Hypertension	14 r
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83A

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 0

23. Signature Wm H. Allen (M. D. or other)

Address Hume, Mo. Date signed 9/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1112
Date Filed 9-20-48

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 John S Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.