

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32835
Registrar's No. 4260

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Trinity Lutheran Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 5 days

3. (a) PRINT FULL NAME Arthur Ray Cobb
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna May Cobb
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased January 10th. 1886

8. AGE: Years 62 Months 9 Days 9

9. Birthplace Papinville Missouri

10. Usual occupation Farmer

11. Industry or business

12. Name William P. Cobb
13. Birthplace Iowa

14. Maiden name Elizabeth Griggs.
15. Birthplace Kentucky

16. (a) Informant Mrs. Thelma Davis
(b) Address Iola, Kansas

17. (a) Removal (b) Date thereof 10-19-48
(c) Place: burial or cremation Pleasanton, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 10-20-48 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County
(c) City or town Pleasanton
(d) Street No.
(e) Citizen of foreign country? No

20. DATE OF DEATH: Month Oct. 19th.
year 1948 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from
that I last saw *Pathologist* alive on 19.
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to *cardiac dilatation + hypertensive pulmonary emphysema*
Due to *cause undetermined*

Other conditions
Major findings: Of operations *950*
Of autopsy *above*

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury Jack H. Hill
23. Signature *Joseph Hill* (M. D. or other)
Address *Trinity Lutheran Hosp.* Date signed *Oct 20 48*

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 8 1908

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

Willis A. Bennett

Licensed Embalmer No.

4438

P. O. Address

D. C. 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.