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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1949

Registration District No. 178

Primary Registration District No. 4786

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LaGrange, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community X
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town LaGrange
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry P. Cottrell

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary F. Cottrell 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 26 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 3 X hr. X min.

9. Birthplace LaGrange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business School, Public

MOTHER FATHER { 12. Name John Cottrell
13. Birthplace LaGrange, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McPeters
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Cottrell
(b) Address Quincy, Illinois

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

(c) Place: burial or cremation Canton, Missouri

18. (a) Signature of funeral director Paul A. Vaughn
(b) Address LaGrange, Missouri

19. (a) 1/3/49 (b) P. O. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1948 hour 2:20 minute 0 A. M.

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

Immediate cause of death CORONARY THROMBOSIS Duration 1 1/2 Hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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) (c) Means of injury _____

23. Signature W. P. Eddy M.D. (M. D. or other) _____
Address La Grange Mo Date signed 12/30/48

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Paul G. Vaughan*.....

Licensed Embalmer No. *4609*.....

P. O. Address. *La Grange, 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.