S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30048

Registration District No. 2 FILED OCT 2 1944 Primary Registration District No. 1002 Registrar's No. 3806

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. TB. Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2m 13d. (Specify whether
In this community 22 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Benton 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Claudy Cochrum
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 2 divorced
6. (b) Name of husband or wife Nina Cochrum
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 26 (Day) 1879 (Year)

8. AGE: Years 65 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Wrightown Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation carpenter
11. Industry or business
FATHER 12. Name James Cochrum
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elz. Rhodes
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Reeds K.C.T.B. Hosp
(b) Address Leads Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 23 44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Wm. E. Porter
(b) Address 918 Brooklyn
19. (a) 9-21-44 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 year 1944 hour 8.10 minute P. M.
21. I hereby certify that I attended the deceased from 7-8-44, 19..., to 9-20, 1944, that I last saw h[illegible] alive on 9-20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	7½ yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13 hr	
Major findings: Of operations	
Of autopsy Pul. TB. Pericarditis	

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 Matthew J. Noonan (M. D. or other)
Address Leads, Mo. Date signed 9/22/44

841 (Licensed Embalmer's Statement on Reverse Side)

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 J. M. Kennedy

Licensed Embalmer No. 3559

P. O. Address K. 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.