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5-17-39
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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. **37904**

FILED NOV 18 1947

Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **233**

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

OP 2

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Community Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

In this community **33 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route # 2, Windsor**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **James Alvin Cochran**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Essie B. Cochran**

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

7. Birth date of deceased **September 5 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	7	hr. _____ min.

9. Birthplace **Johnson County Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Matthew Cochran**

13. Birthplace **Glasgow Scotland**
(City, town, or county) (State or foreign country)

14. Maiden name **Adeline Douglas**

15. Birthplace **Butler County Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Cochran**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **11-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turle**

(b) Address **Windsor, Missouri**

19. (a) **11-15-47** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12**
year **1947** hour **8:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct. 10, 1946 to Nov. 12, 1947**
that I last saw **him** alive on **Nov. 12, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Submaxillary gland** Duration **1 yr**

Due to **Cancer of face** **6 mo.**

Other conditions **Arterial sclerosis** **3 yrs**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations **None**

Of autopsy **None**

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)

(e) Means of injury **0**

23. Signature **J. A. Blackmore** (M. D. or other) **M.D.**

Address **Windsor** Date signed **11-19-47**

RECEIVED
Director Health Officer No. 7,
District No. 10-47-1319
Date filed 11-17-47

DEC 15 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

William M. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed Edwin J. Burton

Licensed Embalmer No. 3391

P. O. Address Windsor 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.