

DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41849
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson / Registration District No. 399
 (b) Township Saw / Primary Registration District No. 1002
 (c) City Jackson City / (d) Street No. Memorial Hospital / Registered No. 4915
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME James C. Cogley
 (a) Residence, No. 1021 N. Gregory St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Cogley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tice Pres.
 9. Industry or business in which work was done, as saw mill, bank, etc. Saw Paint Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland 1
 FATHER 13. NAME Edward J. Cogley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5
 MOTHER 15. MAIDEN NAME Ressona Hayes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT (ADDRESS) Mrs. H. G. Buxton
5907 Indiana
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec. 19 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Newcomer
Bush Creek & Pass
 20. FILED Dec 19 1938 m. m. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938 to Dec 16 1938
 I last saw him alive on Dec 16 1938 Death is said to have occurred on the date stated above, at 9:25 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Gall bladder, Int 46
 Date of onset
 Other contributory causes of importance:
Metastatic liver Carcinoma
 Name of operation yes Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) The Surgeon _____, M. D.
 _____ (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 _____

Licensed Embalmer No. 3976

P. O. Address _____

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, above space should be left blank.