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

33277
Do not use this space.

REC'D OCT 18 1939

84

1. PLACE OF DEATH
(a) County Polk
(b) Township or (c) City E Looney
Registration District No. 207
Primary Registration District No. 5936
Registered No. 9
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma M. Cossins
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1900
7. AGE: Years 39 | Months 1 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Mo. C

FATHER
13. NAME Tom Cossins C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. C

MOTHER
15. MAIDEN NAME Sarah Degraffenried C
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. C

17. INFORMANT (ADDRESS) Leonard Cossins Morrisville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slagle DATE Sept. 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hutchison-Kline Bolivar Mo

20. FILED Sep 29 1939 Hattie M. Taylor Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:

Was drowned in river while getting a bucket of water.

Date of onset

Other contributory causes of importance:

183
24
6

Name of operation ..... 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? Accident 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) S. B. Hutchison Coroner, M. D.
(Address) Bolivar Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

80M-9-19-38 I X16605

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1352
Date Filed 10-3-39

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.....

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.