11950

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 651 Primary Registration District No. 4388 5-E-62 Registrar's No. 19

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) City or town Rural - Little Prairie (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community all life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot

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

(d) Street No. Ponady Switch Community (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Waymon Cobb

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 Single

6. (b) Name of husband or wife X

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

7. Birth date of deceased February 16, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 18 hr. min.

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

10. Usual occupation X

11. Industry or business X

FATHER
12. Name Woodrow Cobb
13. Birthplace Braggadocio Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marjorie Helen Lang
15. Birthplace Dhonrock, Oklahoma (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Woodrow Cobb

(b) Address Route 1, Caruthersville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/40 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director La Forge Und. Co

(b) Address Caruthersville, Mo.

19. (a) Feb. 26, 1940 (Date received local registrar) (b) Ada Martin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 17th year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-16-40, 1940 to 2-17-, 1940 that I last saw him alive on 2-16, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Birth Injury to Brain Concussion | |
| Due to: Birth Injury | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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)

5 05

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Hayti, Mo. Date signed 2-20-40

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39
Rev. 5-17-39
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3-40-23

## 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 NOT EMBALMED, 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.**