

FILED MAY 2 1940

Registration District No.

650

Primary Registration District No.

5861

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Sardis - Mo.
(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 _____
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME ANDROSCOBEB 100

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Cleo Cobb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 11 (Month) 1 (Day) 1880 (Year)

8. AGE: Years 59 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Ozark (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Cobb

13. Birthplace Ozark Mo.

14. Maiden name Unknown

15. Birthplace _____

16. (a) Informant's own signature Cleo Cobb

(b) Address Sardis Mo.

17. (a) _____ (b) Date thereof Sept 16 40

(c) Place: burial or cremation Ball

18. (a) Signature of funeral director O. B. McClure

(b) Address Sardis Mo.

19. (a) _____ (b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark
(c) City or town _____
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1940 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____
that I last saw _____
and that death occurred on the date and hour stated above

Immediate cause of death which he recovered but had a little recurrence 4 or 5 yrs. later

Due to Fall's attack of Apr. 14, killed him in 20 or 30 minutes

Other conditions _____

Major findings: Of operations _____ Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

587- While at work? _____ (Specify type of place) _____ (a) Means of injury _____

23. Signature C. A. Beach (M. D. or other) M.D.
Address Elijah Mo Date signed 4-15-40

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.

95132

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.....

Denver Roller, Registered Apprentice No.
working under my personal supervision.

Signed Denver Roller

Licensed Embalmer No. 4006

P. O. Address Mtn. Home, Arkansas

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 13668-

Registration District No. 020

Primary Registration District No. 5861

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Pickland T.P.
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ambrose Cobb

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-11-1940 (Date received local registrar) (b) O. S. Clapham (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. A. Beach (M. D. or other)

Address Elizabethton Tenn Date signed _____

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

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15665

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 650

Primary Registration District No. 5861

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Richland T.P.
(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 (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Ambrose Cobb

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day)

8. AGE: Years Months Days If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) C. A. Beach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U.S.A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year hour minute M.

21. I hereby certify that I attended the deceased a few days ago for a heart attack and he died on the date and hour stated above. The cause of death was he received but had a recurrence 4 or 5 yrs later. This attack killed him in 20 or 30 minutes. Myocarditis

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)
While at work (e) Means of injury

23. Signature C. A. Beach (M. D. or other)
Address Elijah mo Date signed

SUPPLEMENTARY