

Registration District No. 444Primary Registration District No. 4262Registrar's No. 44

1. PLACE OF DEATH:

- (a) County Knox
 (b) City or town Knox City
 (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) approx 40 days 26.5

3. (a) PRINT FULL NAME

Lyda Maurie Collins Cochran

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex
- Female

5. Color or race White

6. (a) Single, widowed, married,
-
- divorced
- Married

6. (b) Name of husband or wife

Willard C. Cochran

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

April 21896

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

4437

hr min.

9. Birthplace

Knox City

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Homemaker

11. Industry or business

School Teacher

12. Name

Francis M. Collins

13. Birthplace

Louis Lee

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name

Annie Lee Stephens

15. Birthplace

Attica

(City, town, or county)

Ind.

(State or foreign country)

16. (a) Informant's own signature

Willard C. Cochran

(b) Address

Eugene Oregon R 217. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

July 13 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Knox City Mo

18. (a) Signature of funeral director

Decker & Walter

(b) Address

Knox City Mo19. (a) July 29 1940

(Date received local registrar)

(b) Mrs. C. M. Smith

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Oregon
- (b) County
- ✓

- (c) City or town
- Eugene R

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

- (d) Street No.
- Rural Route 2

(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- July
- day
- 9
-
- year
- 1940
- hour
- 8:45 AM
- minute _____ M.

21. I hereby certify that I attended the deceased from
- June 14
- , 19
- 40
- , to
- July 9
- , 19
- 40
- ,

that I last saw her alive on July 9, 1940, and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage due to blood pressure 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
- Paul M. Reynolds
- (M. D. or other)

Address Knox City MoDate signed 7/13/40

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.....

Fred L. Sotter

Licensed Embalmer No.....

684

P. O. Address.....

Prof. R. G. Mc

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.