

STANDARD CERTIFICATE OF DEATH

State File No. 28363

~~FILE~~ AUG 19 1940

SEP 19 1940

Registration District No. 1773

Primary Registration District No. 5317

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Crawford Co.
(b) City or town Dellard, Orange Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 mo.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Harlan Cottrell

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 3

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

7. Birth date of deceased 3 13 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Crawford Co. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business

12. Name Leland Cottrell

18. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Cecilia Bell

16. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Leland Cottrell

(b) Address Dellard, Mo.

17. (a) Burial (b) Date thereof 7 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director none

(b) Address _____

19. (a) 7-30-40 (b) E. E. Feltz
(Detereceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford
(c) City or town Dellard, Orange Township
(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 19 day July
year 1940 hour 7 minute 30/A M.

21. I hereby certify that I attended the deceased from 17 1940 to July 18 1940
that I last saw him alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria
Due to Child

Other conditions 10
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____
Of autopsy no

Duration _____
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 [Signature] (M. D. or other) !
Address Dellard Mo Date signed July 23, 40

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

RECEIVED

District Health Officer No. 5,

District File Number. 840888

Date Filed _____

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.