

Registration District No. 657

Primary Registration District No. 5862

Registrar's No. 87

1. PLACE OF DEATH:

(a) County. Jemmes
 (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:
8 miles S. W. of Caruthersville
(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 about 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jemmes
 (c) City or town. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 8 miles S. W. of Caruthersville
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

William Edgar Cockrell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex. Male

5. Color or race. White

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

6. (b) Name of husband or wife. Barbara Cockrell

6. (c) Age of husband or wife if alive. 68 years

7. Birth date of deceased. Dec. 25 - 1874

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

65

8

6

hr.

min.

9. Birthplace

Benton County, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farming

MOTHER FATHER

12. Name. William Cockrell

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

14. Maiden name. Lou Gaskie

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

16. (a) Informant's own signature. Gilbert Cockrell

(b) Address. R-1, Caruthersville, Mo

17. (a) Burial (b) Date thereof. 9/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Caruthersville, Mo

18. (c) Signature of funeral director. Eda Farg, UND. Co

(b) Address. Caruthersville, Mo

19. (a) Sept 5, 1940 (b) Eda Matier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the decedent from Aug 27, 1940, to Aug 31, 1940, that I last saw him alive on Aug 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis to heart

Due to Angina pectoris 3 days

Other conditions. 94%
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy _____

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?
585
(Specify type of place)
 While at work _____ (e) Means of injury _____

23. Signature. Eda Matier (M. D. or other) MD
 Address. Caruthersville, Mo Date signed Sept 3, 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.

9-48-23

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.....

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

Signed J. L. La Forge
Licensed Embalmer No. 3082

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.