No. 2
-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32715

Registration District No. 1046 — Primary Registration District No. 5810 — Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rt 2 - Box 364 - Joplin Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Mo Joplin Rt 2 - Box 364
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Genoa Cogbill

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife James E

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

7. Birth date of deceased Apr (Month) 8 (Day) 1861 (Year)

8. AGE: Years 79 | Months 4 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 4

11. Industry or business 5

FATHER
12. Name Brown 1
13. Birthplace — Unk
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Waters
15. Birthplace — Unk
(City, town, or county) (State or foreign country)

16. (a) Informant L. H. Cogbill
(b) Address Rt 2 - Box 364 - Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Saginaw Cem

18. (a) Signature of funeral director Cornhill-Dillon
(b) Address 4th & Wall St Joplin

19. (a) 9-7-40 (Date received local registrar) (b) Ed L James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th 1940
year 12 hour 40 minute a M.

21. I hereby certify that I attended the deceased from January, 1938, to Aug. 30, 1940
that I last saw her alive on Aug. 22, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death interstitial nephritis	3 years
Due to apoplexy & senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	
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? 6
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Maness, M.D. (M. D. ~~or other~~) 1
Address Neosho, Mo. Date signed 9-4-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1040-2668
Date Filed OCT 8 1940

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.