No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38659

State File No.

FILED DEC 11

Registration District No. 1104 Primary Registration District No. 5415 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Sullivan, (Rural) (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 years, months or days)
In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No.: 8011 Idaho, Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: William Westcott Cobbs
3. (b) If veteran, name war: No
3. (c) Social Security No.: 419-05-1124
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frances Ordway
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: August (Month) 22. (Day) 1904 (Year)

8. AGE: Years 36 Months 2 Days 29 If less than one day hr. min.

9. Birthplace: Montgomery (City, town, or county) Alabama (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Chemical

MOTHER FATHER
12. Name: Christopher Claud Cobbs
13. Birthplace: Tuscaloosa, Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ann Westcott
15. Birthplace: Montgomery, Alabama (City, town, or county) (State or foreign country)

16. (a) Informant: Frances Cobbs
(b) Address: Anniston, Alabama
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Anniston, Alabama
18. (a) Signature of funeral director: Chas. P. Shoffner
(b) Address: Sullivan, Missouri
19. (a) Nov 24 1940 (Date received local registrar) (b) Charles A. Schmidt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 21 day 21 year 1940 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidentally fell down stair-steps fracturing neck.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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): Accident
(b) Date of occurrence: Nov. 21, 1940
(c) Where did injury occur? Private residence (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No. (e) Means of injury:
23. Signature: Chas. P. Shoffner (M. D. or other) CORONER. 5
Address: Sullivan, Mo. Date signed 11/21

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 23694

P. O. Address Sullivan, Me

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.