No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED DEC 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39255

Registration District No. 761

Primary Registration District No. ~~[illegible]~~ 6002

Registrar's No. 33

1. PLACE OF DEATH:

(a) County St Clair Twp

(b) City or town Rural Appleton Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 6 Mi S of Appleton City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

(c) City or town Rural - Appleton Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Mi S of Appleton City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mintie F. Cockrell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 4 (Day) 1874 (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace West Fork (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Isaac M Burris
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Sarah Cavin
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Magness Cockrell

(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1941 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Nov 10, 1941 that I last saw her alive on 11-1-'41, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to .....

Due to .....

Other conditions .....
(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.

94a

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W H Elliott (M. D. or other) MD

Address Appleton City Mo Date signed 11-12-41

R.3K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-4/-1954
Date Filed 12-3-41

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 Weekes

Licensed Embalmer No. 2478

P. O. Address Clinton

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

If this body is not embalmed, fact should be so stated above.

7. S. No. 2B
0M—3-21-41
1 X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39255

Registration District No. 761 Primary Registration District No. 6002 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town 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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin J. Cockrell
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 4, 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) NOV 12 41 (Date received local registrar) (b) Alyne Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1941 hour minute 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	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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