

S. No. 2
M-1-4-41
5-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2213
Registrar's No. 2

Registration District No. 318 Primary Registration District No. 2001

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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: St. John's Hospital

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield

(d) Street No. Denton

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

If yes, name country _____

3. (a) PRINT FULL NAME Nannie Pearl Cobb

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife Eldon Cobb

6. (c) Age of husband or wife if alive Dec 3 years

7. Birth date of deceased July 3 1894

8. AGE: Years 147 Months 5 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Unknown Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Weaver

13. Birthplace Unknown Mo

14. Maiden name Sarah Ingham

15. Birthplace Unknown Mo

16. (a) Informant Mrs. R. Baring

(b) Address Warsaw, Mo

17. (a) burial (b) Date thereof 1/2/47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cem

18. (a) Signature of funeral director J. R. Luckey

(b) Address Wheatland Mo

19. (a) 1-2-42 (b) W. M. Handley

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1947 hour 8 minute 30 M. a

21. I hereby certify that I attended the deceased from Dec 31 1946 to Jan 1 1947 that I last saw h. or alive on Jan 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Supertension

Due to Arteriosclerosis

Due to Fibrillation & Cardiac Decompensation

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

Major findings: Of operations None

Of autopsy None

Duration 1 yr

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 W. M. Handley M. D. or other _____

Address Springfield, Mo Date signed 2-42

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. J. Lucky*
2282
Wheatland Mo
X