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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 500

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7165

Primary Registration District No. 4303

Registrar's No. 7

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

-8
0
0

1. PLACE OF DEATH:

(a) County Linn County

(b) City or town Laclede Linn
(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
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Laclede 0
(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.? ____ 0 years.

3. (a) PRINT FULL NAME Stephen W. Cotter

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased July (Month) 24 (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Browning (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business ____

FATHER
12. Name Calip Cotter
13. Birthplace Browning (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha O'Neal
15. Birthplace Not known (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs Virginia Alexander
(b) Address Laclede, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Laclede Cemetery

18. (a) Signature of funeral director M. J. Strum
(b) Address Laclede, Mo.

19. (a) Feb. 21 1942 (Date received local registrar) (b) Mrs. Vivia Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from October, 1939, to Feb 19, 1942
that I last saw him alive on Feb. 18, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute pyelonephritis	10 days
Due to Labial Carcinoma	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

45a

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

23. Signature Mrs F. La Manie (M. D. or other) D.O.
Address Laclede, Mo. Date signed 2/19/42

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(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

M. S. Thomas, Registered Apprentice No. 2876

working under my personal supervision.

Signed M. S. Thomas

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo.

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, fact should be so stated above.