

FILED APR 24 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. **205**

1. PLACE OF DEATH:

(a) County **Andrew,**  
(b) City or town **Rural, Jefferson,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**R.F.D.# 2, St. Joseph, Mo. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **66 yrs. 5 mos. 6 days**  
(Specify whether years, months or days)  
In this community **66 yrs. 5 mos. 6 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Andrew 00-2**  
(c) City or town **Rural,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D.# 2, St. Joseph, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11th.**  
year **1942** hour **6:10** minute **a.** M.  
21. I hereby certify that I attended the deceased from **3-11-42**  
19\_\_\_\_ to **3-11-42** 19\_\_\_\_;  
that I last saw him alive on **3-11** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Ch. myocarditis** **Several mo.**  
Due to **arterio sclerosis** **Several yrs**

Other conditions **Pulmonary Ch. Passio** **24 hrs**  
(Include pregnancy within 3 months of death)  
**congestive**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **932**

Duration  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Ollie B. Cobb,**

3. (b) If veteran, name war **None,** 3. (c) Social Security No. **None,**

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

6. (b) Name of husband or wife **Myrtle Cobb** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **October 5th, 1875**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **6** If less than one day hr. min.

9. Birthplace **Andrew County, Missouri,**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer,**

11. Industry or business **Farm,**

12. Name **Frank W. Cobb,**

13. Birthplace **Andrew County, Missouri,**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hosa Carroll,**  
15. Birthplace **Unknown, Kentucky!**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ollie B. Cobb**

(b) Address **R.F.D.# 2, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **3/14/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah, Mo. Cem.**

18. (a) Signature of funeral director **Frank A. Bauman**

(b) Address **Savannah, Mo.**

19. (a) **3-14-42** (b) **H. F. Fitchman**  
(Date received local registrar) (Registrar's signature)

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

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**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 3-11-72

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 317 So 10 St. Joplin

**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.**