

Registration District No. 125

Primary Registration District No. 3009

State File No.

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
In this community 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Randles 16
(If outside city or town limits, write "RURAL") 8
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ernest Cochran

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

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

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

7. Birth date of deceased May 19 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 hr. min.

9. Birthplace Randles Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Ernest Cochran
13. Birthplace London Ark 1
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Crowder
15. Birthplace London Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Cochran
(b) Address Randles Mo

17. (a) Burial (b) Date thereof 5/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perkins Mo

18. (a) Signature of funeral director Ernest Cochran

(b) Address Randles Mo

19. (a) 5-25-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
year 42 hour 8 minute 10A.M.

21. I hereby certify that I attended the deceased from 5/9 1942 to 5/24 1942
and that death occurred on the date and hour stated above.
that I last saw him alive on 5/24 1942

Immediate cause of death Prematurity
Enteritis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
159

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 Chas. J. Herbert (M. D. or other)
Address Cape Girardeau, Mo signed 5/24/42

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

6
1
4

1014

RECEIVED

District Health Officer No. 4
District File Number 642-772
Date Filed 6-16-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.