

No. 2
5-42
5-17-30
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13107**
Registrar's No. **1826**

FILED MAY 5 1943

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
810 East 72nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **6 months** years, months or days

3. (a) PRINT FULL NAME **Robert Lee Cottingham**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widower**
6. (b) Name of husband or wife **Laura Frances Cottingham** 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased **Dec. 4, 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Monroe County, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business:
12. Name **Robert Cottingham**
13. Birthplace **Kentucky** (State or foreign country)
14. Maiden name **Sarah Duvall**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Harry Shehan**
(b) Address **810 East 72nd St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 19, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Thos. E. Quirk Funeral Home**
(b) Address **4316 Troost Ave.**

19. (a) **4-17-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **810 East 72nd St.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **April** day **16th.** year **1943** hour **4.15 P.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **Jan 5, 1943 to April 16, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Arterio sclerotic Hypertension? Chronic Bronchitis 8 mo**

Due to _____
Due to **131a**
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 **E. H. Petty** (M. D. or other) 'Address **300 Argyle Bldg** Date signed **4-17-43**

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. *3775*

P. O. Address..... *N O M O*

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.