

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Manzville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Most of his life
(years, months or days)

3. (a) PRINT FULL NAME Joseph Pearl Cockayne

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Helle Josephine Pifer 6. (c) Age of husband or wife if alive 5-8 years

7. Birth date of deceased May - 3 - 1883
(Month) (Day) (Year)

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

60 8 18 hr. min.

9. Birthplace Burlington Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Road Worker

MOTHER FATHER

11. Industry or business _____

12. Name John Edgar Cockayne

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Catharine C. John Pifer

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Helle Josephine Cockayne

(b) Address 522 North Market - Mo.

17. (a) Burial (b) Date thereof 1-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patsie Cemetery

18. (a) Signature of funeral director Emgeball Funeral Home
(b) Address 751 South Main - Manzville - Missouri

19. (a) 1-28-44 (b) Amy Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

(c) City or town Manzville
(If outside city or town limits, write "RURAL")

(d) Street No. 522 North Market
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 12, 1943, to Jan 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 P1

Major findings: _____

Of operations _____

Of autopsy _____

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 J.M. Bayles (M. D. or other) _____
Address Manzville Date signed 1-25-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

74
1
2

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..... *William Campbell*

Licensed Embalmer No..... *2630*

P. O. Address..... *Manville N.C.*

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.