

FILED MAY 29 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17321

Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 11
 (b) Township Grashburn Primary Registration District No. 5044 Registered No. 32
 (c) City f (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Washington Cothran

(a) Residence, No. Washburn Mo. T.R. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Martha Salinda Scrivener</u> OR WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8, 1858</u>		
7. AGE <u>86</u>	YEARS <u>1</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>		9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas, County Missouri</u>		
13. NAME <u>Joel Cothran</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Mary Radliff</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Mrs. Geo. King</u> (ADDRESS) <u>Seligman Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Huffman Cem.</u> DATE <u>4-21-44</u>		
19. FUNERAL DIRECTOR <u>Culver's Funeral Home</u> (ADDRESS) <u>Cassville Missouri</u>		
20. FILED <u>April 27, 1944</u> <u>Grace Williams</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1944

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1913, 1943, to April, 1944
 I last saw h. wt. alive on April 12, 1944. Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Old Age Senility
Endocarditis
Chronic Interstitial Nephritis
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. Geo. T. Krator
 (Address) Seligman Missouri

1077

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RES. BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. 5010-7-20-37 I X12004

RECEIVED

District Health Officer No. 6;

District File Number 544-629

Date Filed MAY 24 1944

STATEMENT BY LICENSED EMBALMER

I, J. E. Culver, Licensed Embalmer No. 3584

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Margaret Culver, Registered Apprentice No. 357
working under my personal supervision.

Signed J. E. Culver

Licensed Embalmer No. 3584

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.)