

FILED JUN 7 1944

Registration District No. 296

Primary Registration District No. 6019-1444

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Ray  
 (b) City or town Camden, Mo.  
 (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  
 In this community All Her Life  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME NETTIE ANN COCHRAN

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

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

6. (b) Name of husband or wife Wm. Cochran - Alive 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 13th, 1883  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name M.C. Shack  
 13. Birthplace Ken. (City, town, or county) (State or foreign country)  
 14. Maiden name Lucerta Christy  
 15. Birthplace Ken. (City, town, or county) (State or foreign country)

16. (a) Informant Wm Deever  
 (b) Address Camden, Mo.

17. (a) Burial (b) Date thereof 5-29-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director G.B. Brothers  
 (b) Address Richmond, Mo.

19. (a) May 28/44 (b) Dr. G.F. Summers  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
 (c) City or town Camden, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 th.  
 year 1944 hour 9 minute 10P. M.

21. I hereby certify that I attended the deceased from 5-10-44, 19 to 5-26-44, 19  
 that I last saw her alive on 5-25-44, 19  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 day

Due to  
 Due to

Other conditions Mitral Stenosis ?  
 (Include pregnancy within 3 months of death)

Major findings: Of operations 928  
 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 Dr. G.F. Summers  
 Address Richmond, Mo. Date signed 5-27-44

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

RECEIVED

District Health Officer No. 8

File Number

Date Filed

6-5-44

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.....

**J.B. Brothers**

....., Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home .**

Signed.....

*J.B. Brothers*

Licensed Embalmer No. **3001.**

P. O. Address **Richmond , Mo.**

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.