

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11521
20524
State File No. 2645
Registrar's No.

FILED JUL 8 1944
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3305 Campbell
(d) Length of stay: In hospital or institution 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3305 Campbell
(e) Citizen of foreign country? no
If yes, name country no

3. (a) PRINT FULL NAME John Spencer Cockrell
(b) If veteran, name war no
(c) Social Security No. 499 07 69I8

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23rd year 1944 hour 9 minute P.M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, Divorced
(b) Name of husband or wife unk
(c) Age of husband or wife if alive years
7. Birth date of deceased April 11th 1894

21. I hereby certify that I attended the deceased from June 1, 1944, to June 23, 1944, that I last saw him alive on June 23, 1944, and that death occurred on the date and hour stated above.
Immediate cause of death: Excess Alcoholism

8. AGE: Years 50 Months 2 Days 12 hr. min.

Due to Ingranularis Clinica
Due to 93 d
Other conditions (Include pregnancy within 3 months of death)
Major findings: 1324 2/24

9. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)

10. Usual occupation North American Aviation

11. Industry or business
12. Name Thomas H. Cockrell
13. Birthplace Kentucky
14. Maiden name Emma Craig
15. Birthplace West Virginia

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of operations
Of autopsy

16. (a) Informant Mrs H.B. Fink
(b) Address 2034 Spruce

17. (a) Burial (b) Date thereof June 26th 1944
(c) Place: burial or cremation MT MORiah Cem

18. (a) Signature of funeral director Elyar Funeral Home
(b) Address 1800 Linwood Blvd

19. (a) 6-24-44 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

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?
(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 M.R. Fink (M. D. or other) 6-24-44
Address 1324 2/24 Date signed

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

MOTHER FATHER

Phone Be 2865

Dr. W. R. Foster
1529 Lister

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 *Chas. E. Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address *1800 Linwood*.....

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.