S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37658

State File No.

FILED DEC 11 1944

Registration District No. 707 Primary Registration District No. 3019 Registrar's No. 146

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Presnell Hosp. Kennett, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Route #1 Hayti, 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 24 Yrs.

3. (a) PRINT FULL NAME William Joseph Cockrell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillion Cockrell

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct. (Month) 26 (Day) 1898 (Year)

8. AGE: Years 46 Months 0 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Camden (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Edgar Cockrell
13. Birthplace Camden (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Barbara Allen Herrington
15. Birthplace Crittedan County (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Lillion Cockrell
(b) Address Route # 1 Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. LaForge
(b) Address 509 Ward Ave. Caruthersville, Mo.

19. (a) 11-23-44 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1944 hour 1 minute 45 PM M.

21. I hereby certify that I attended the deceased from 11-2, 1944, to 11-12, 1944; that I last saw him alive on 11-12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the stomach with metastasis to the liver	
Due to: chronic nephritis,	
Due to: severe secondary anemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. Kennett MW (M.D. or other)
Address Kennett Mo. Date signed 11-12-44

901 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1244-158
Date Filed 12-7-44

DEC 7 1944

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 Leonard John Vaiga
Licensed Embalmer No. 4336
P. O. Address Carutherswille

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.