

S. No. 2
-1-4-41
5-17-39
P-I X28390

21. Agms

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28123

FILED SEP 11 1945

Registration District No. 270

Primary Registration District No. 43995910

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Cottonwood point
(c) Name of hospital or institution: Pemiscot m
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 3 years..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Cottonwood point
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William O. Cochran
3. (b) If veteran, name war.....
3. (c) Social Security No.....

20. DATE OF DEATH: Month Aug day 10
year 1945 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 27, 1945 to Aug 6, 1945
that I last saw h. 17 alive on Aug 6, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Cochran
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April - 2 - 1880
(Month) (Day) (Year)

Immediate cause of death Carcinoma of bladder (ureter)
Duration 2 yrs.

8. AGE: Years 65 Months 4 Days 8
If less than one day hr. min.

Due to.....
Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

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

11. Industry or business.....
12. Name C. C. Cochran
13. Birthplace Marshall Co. Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Martha Cochran
15. Birthplace Marshall Co. Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Cochran
(b) Address Cynthiaville 7th RTD

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?

17. (a) Buried (b) Date thereof 8-11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cynthiaville Mo.

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

18. (a) Signature of funeral director J. F. Price
(b) Address Cynthiaville Mo.
19. (a) 9-1-1945 (b) Jessie N. Mark
(Date received local registrar) (Registrar's signature)

23. Signature D. J. Quinn (M: D. or other)
Address Cynthiaville, Mo. Date signed 8-18-45

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

MOTHER FATHER

1206

(Licensed Embalmer's Statement on Reverse Side)

8-45-162

STATEMENT BY LICENSED EMBALMER

rest

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 *Noel C. Dean*

Licensed Embalmer No. *3971*

P. O. Address *Caruthersville, 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.