

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED MAY 27 1946
Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Maude Frances Cobb

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe / 5. Color or race White

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

6. (b) Name of husband or wife Lorenzo Victor Cobb

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 25 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 28
If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Henry Bascomb Brummal

13. Birthplace Chariton County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Kate Lee

15. Birthplace Chariton County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Cobb

(b) Address Salisbury, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-25-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Salisbury City Cemetery

18. (a) Signature of funeral director Chas W. Indelmeier

(b) Address Salisbury, Mo.

19. (a) Apr 25-46 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town 3 1/2 miles East of Salisbury
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 21 Apr
1946, to 23 Apr, 1946
that I last saw her alive on 23 Apr, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis 2 yrs

Due to arteriosclerosis 10 yrs

Other conditions Chronic Myocarditis 20 yrs
(Include pregnancy within 3 months of death)

Duration
2 wks

Major findings:
Of operations none

Of autopsy none

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 J. Will Fleming (M. D.)
Address Moherly Mo Date signed 25 Apr 1946

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

368

16000

MAY 18 1950

RECEIVED
District Health Officer No. 10
District File Number 5-46-11039
Date Filed MAY 23 1946

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 B Winkelmeier
Licensed Embalmer No. 3842
P. O. Address Salisbury, 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.