

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED SEP 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. **26961**
Registrar's No. **89**

Registration District No. **139** Primary Registration District No. **5533**

1. PLACE OF DEATH:
(a) County **Holt**
(b) City or town **Forbes Mo**
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **44**
(c) City or town **Forbes 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

3. (a) PRINT FULL NAME **Edward Cotton**
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **2** year **1946** hour **10** minute **30** A. M.
21. I hereby certify that I attended the deceased from **MAR 1, 46** to **JULY 1, 46**, 19...
that I last saw him alive on **JULY 1, 46** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Susie Elizabeth Cotton**
6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **September 10 1860** (Month) (Day) (Year)

Immediate cause of death **PERICARDITIS (WITH EFFUSION)** UNCL. CH. N.
Due to **CHRONIC NEPHRITIS** 4 mo.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
85 10 22 hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

12. Name **John Cotton**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Mary**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mollie Steward**

(b) Address **Oregon, Missouri**

17. (a) **Burial** (b) Date thereof **Aug. 4 1946** (Month) (Day) (Year)
(c) Place: burial or cremation **Forbes, Missouri**

18. (a) Signature of funeral director **James H. Pettigrew**

(b) Address **1000 N. 1st St. St. Louis, Mo.**

19. (a) (Date received local registrar) (b) (Registrar's signature) **James H. Pettigrew**

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 **2**

23. Signature **H. E. Calhoun, M.D.** (Physician or other)
Address **Forest City, Mo.** Date signed **AUG 4 1946**

(Licensed Embalmer's Statement on Reverse Side)

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

23875

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

James H. Pettigrew

Licensed Embalmer No.....

3192

P. O. Address.....

Oregon 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.