

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27618

FILED SEP 10 1946
Registration District No. 383

Primary Registration District No. 5655

State File No. _____
Registrar's No. 123

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(c) Name of hospital or institution:
Mo. State Sanatorium
(d) Length of stay: In hospital or institution 714
In this community 714 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora, Missouri
(d) Street No. 12 E. Delta
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Maxine Cossman
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold Cossman
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased April 4 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 4 7 hr. min.

9. Birthplace Crane Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name David A. Holderman
13. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jewell Wilson
15. Birthplace Crane Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mt. Vernon, Missouri
17. (a) _____ (b) Date thereof _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Raymond
(b) Address _____
19. (a) 8-11-46 (b) Dr. Philbrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1946 hour 4 minute 58 p.m.
21. I hereby certify that I attended the deceased from August 27
1946 to August 11 1946
that I last saw her alive on August 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary tuberculosis approx. 3 1/2 yr
Bronchial tuberculosis
Tuberculous enteritis
Tuberculous laryngitis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations 130
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Charles Brasher, M.D.
Address _____ Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 946-920

Date Filed SEP 5 - 1946

SEP 5 1946

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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 George H. Mantore

Licensed Embalmer No. 3827

P. O. Address Crane 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.