

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27714

FILED SEP 10 1946

Primary Registration District No. 5733-4313

Registrar's No.

1. PLACE OF DEATH:  
 (a) County Macon  
 (b) City or town Emer  
 (If outside city or town limits, write "RURAL" add name of township)  
 (c) Name of hospital or institution: 1  
 (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 Macon  
 (c) City or town Emmer  
 (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 WELTIE-COSBY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 8 day 12  
 year 1946 hour 3 minute P M.  
 21. I hereby certify that I attended the deceased from 2 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 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 Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased March \_\_\_\_\_ 1864  
 (Month) (Day) (Year)

Immediate cause of death Self inflicted Duration \_\_\_\_\_  
gun shot wound,  
discharge from 12 ga.  
shotgun entered lower  
part of sternum.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 82 Months 5 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Macon County Mo. (1)  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry of business \_\_\_\_\_  
 12. Name Jackson Cosby  
 13. Birthplace Ky. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rucker  
 15. Birthplace Ky. 1  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence 8-21-46  
 (c) Where did injury occur? Emmer Macon Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm  
 (Specify type of place) shot gun  
 While at work? no (e) Means of injury wound  
 23. Signature H. G. Edwards M. D. of \_\_\_\_\_  
 Address Bivins Mo. Date signed 8/24/46

16. (a) Informant Clarence Cosby  
 (b) Address Emmer, Mo.  
 17. (a) Burial (b) Date thereof Aug. 23-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Union Chapel  
 18. (a) Signature of funeral director Coyde W. Collins  
 (b) Address Emmer, Mo.  
 19. (a) Aug 28 (b) Daphne Howerton  
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

26552

RECEIVED  
District Health Officer No. 10  
District File Number 9-46-1674  
Date Filed SEP 7 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 Clyde M. Colburn

Licensed Embalmer No. 3226

P. O. Address Elmer, 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.