S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36477

Registration District No. 42 Primary Registration District No. 3017 Registrar's No. 258

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community All of life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 404 E. Morgan St. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME William J. Cochran.
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Mattie Cochran.
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased October (Month) 1st (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
80		3	hr. min.

9. Birthplace Boonville, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Building Contractor
11. Industry or business Carpenter
MOTHER FATHER
12. Name John Cochran. 27
13. Birthplace North Ireland 1 (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Brown.
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Miss Jessie Cochran.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7th 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery
18. (a) Signature of funeral director Goodman & Bolter
(b) Address Boonville, Mo.
19. (a) Oct. 6, 1946 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1946 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct 4, 1946 to Oct 4, 1946 that I last saw him alive on Oct 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Shock from injuries — Duration
Due to Fractures both leg
Concussion
Due to
Other conditions (Include pregnancy within 3 months of death) 186 A 18
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) accident 27
(b) Date of occurrence Oct 4, 1946
(c) Where did injury occur? Boonville Cooper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature T C Beckett M.D. (M.D. or other)
Address Boonville Mo Date signed 10-5-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 11-16-46

JUN 18 1956

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 J W Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.