No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 194

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 27 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1207 Pacific St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lora Lee Cochell
3. (b) If veteran, name war No
3. (c) Social Security No. 491-09-3854
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Cochell
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May (Month) 11 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	7	23	hr. min.

9. Birthplace Mercer (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Presser
11. Industry or business Getchell Laundry
FATHER
12. Name John R. Clark
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Mary I. Overton
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Walter Cochell
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 1-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1948 hour 41 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 14, 1945, to Jan 4, 1948 that I last saw her alive on Jan 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, General Hypertension
Due to Cerebral hemorrhage - right
Due to Left hemiplegia 1-3-48
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 83 A
Of autopsy

Duration: ? since 1945 to my knowledge

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. E. Senor M.D. (M. D. or other)
Address St. Joseph Mo. Date signed 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 William Gladding, Registered Apprentice No. 28 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.