

FILED FEB 9 1948

Registration District No. 172

Primary Registration District No. 5652

Registrar's No. 7 A

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Ash Grove, Mo. R3 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Ozark Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Ash Grove, Mo., R3
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Ozark Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Franklin Cotten

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Laura Ann Henson Cotten 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August, 1st 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 19 hr. min.

9. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Stock and Grain Farmer

MOTHER FATHER { 12. Name Samuel Cotten
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Brown
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest E. Cotten

(b) Address Ash Grove, Missouri R3

17. (a) Burial (b) Date thereof Jan., 23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel Cemetery

18. (a) Signature of funeral director Gene A. [Signature]

(b) Address Walnut Grove, Missouri

19. (a) 2-2-48 (b) W. S. [Signature]
(Date received local registrar) (Registrar's signature) 1/5/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th
year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1945
to Jan 20, 1948
that I last saw him alive on Jan 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure Duration _____

Due to mitral insufficiency

Due to _____

Other conditions Recent pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
92-10

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) _____
(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?

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature S. M. Clark MD (M. D. or other) _____
Address Halltown, Mo Date signed 1-21-48

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

RECEIVED

District Health Officer No. 6,

District File Number 248-211

Date Filed FEB 7 1948

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.....

Ray Miller, Registered Apprentice No. 459
working under my personal supervision.

Signed George A. Brown

Licensed Embalmer No. 2662

P. O. Address Walnut Green 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.