DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4499

Registrar's No. 102

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community 59 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2026 N. Ramsey
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Wiley Cotter
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith M. COTTER
6. (c) Age of ~~husband~~ or wife if alive 56 years
7. Birth date of deceased September 12, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	19	hr. min.

9. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation City Fireman
11. Industry or business Retired City Fireman
12. Name James W. Cotter (FATHER)
13. Birthplace Addie Malicoat (City, town, or county) Mo. (State or foreign country)
14. Maiden name (MOTHER)
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Wilbur Cotter
(b) Address U. S. Navy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 2-4-48 (Date received local registrar) (b) M. Q. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1948 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from Nov. 7, 1947 to Feb. 1, 1948 that I last saw him alive on Jan 31 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral massive sub-dural hemorrhage — Duration 2 3/4 mo
Due to: progressive
Due to: Traumatic skull injury — Duration 2 3/4 mo
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Bilateral massive sub-dural hemorrhage

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
(b) Date of occurrence November 7, 1947
(c) Where did injury occur? Springfield Greene Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on street
While at work? yes (Specify type of place) (e) Means of injury: Collision of two cars, fall and blackjack
23. Signature Arthur D. Krabb (M. D. or other) M.D.
Address 630 N. Jefferson Date signed 2-7-48

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1948

MAR 6 1948

MAR 2 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Max G. Rhodes

Licensed Embalmer No. 407

P. O. Address Spring Fed

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

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