

No. 2  
1/47  
17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED MAR 20 1948** /49  
Registration District No. ....

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **8634**  
Registrar's No. **1104**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days) unknown

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3413 Forest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Grant Cochran  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex MALE 5. Color or race white  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased October 1 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 10  
If less than one day hr. min.

9. Birthplace Indiana 1  
(City, town, or county) (State or foreign country)

10. Usual occupation mine carpenter

11. Industry or business:  
12. Name James Cochran  
13. Birthplace New Jersey  
(City, town, or county) (State or foreign country)  
14. Maiden name Rover  
15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records  
(b) Address J.C.M.O.

17. (a) Removal (b) Date thereof 3-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director Allen Brownfield  
(b) Address Pleasant Hill Mo.

19. (a) 3-11-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month March day 11  
year 1948 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb. 17, 1948 to March 11, 1948  
that I last saw him alive on March 11, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-carcinoma of cecum with terminal broncopneumonia

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 462

Major findings:  
Of operations.....  
Of autopsy see above

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)  
(e) Means of injury.....  
23. Signature 2024 20. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. 3-11-48

Duration  
Physician  
Underline the cause of which death should be charged statistically.

48  
D  
D

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

MOTHER FATHER

*Mr. Allen*

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.....

*Glenn H. Hill*

....., Registered Apprentice No. *8*

working under my personal supervision.

Signed.....

*Allen Brumfield*

Licensed Embalmer No. *-3785*

P. O. Address.....

*Pleasant Hill*

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.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1104

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Hosp. #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 40 years  
years, months or days

3. (a) PRINT FULL NAME Grant Cochran

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
hr. min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Phillips

(b) Address Pleasant Hill mo.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 3-11-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_  
 Year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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.

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) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

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

MOTHER FATHER

S-8634 - 1948