

FILED JUL 15 1948

Registration District No. 790

Primary Registration District No. 5542

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Rural (county farm) (Boone Femme)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: County Farm  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 yrs  
In this community All his life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town (Rural) H. C. Farm  
(If outside city or town limits, write "RURAL")  
(d) Street No. Boone Femme Twp.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Cosby

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Annie Thomas 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased Jan. 10, 1879  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -----

12. Name Thomas Cosby

13. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Hughes

15. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Cosby Mithell

(b) Address #3 Indiana Ave. Columbia Mo.

17. (a) Burial (b) Date thereof 6/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Mo.

19. (a) 7-3-1948 (b) Dorothy Fern Baker  
(Date received local registrar) (Required signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1948 hour 8:00 minute ----- P. M.

21. I hereby certify that I attended the deceased from June 23  
1948 to June 23 1948  
that I last saw him alive on June 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Duration 1 day

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations -----  
Of autopsy -----

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

23. Signature W. Leech M.D. (M. D. or other) \_\_\_\_\_  
Address Fayette, Mo. Date signed 6-25-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

7-14-48

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.