

FILED OCT 25 1948

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 911

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
O'Reilly VA Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

In this community Same

3. (a) PRINT FULL NAME THEODORE T. COTTON

3. (b) If veteran, name war WW II

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loraine Cotton

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb. 15 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>8</u>	<u>5</u>	hr. min.

9. Birthplace Shawnee Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Willie Cotton

13. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant VA Records

(b) Address O'Reilly VAH, Springfield, Mo.

17. (a) Personal (b) Date thereof 10-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee, Okla

18. (a) Signature of funeral director Gorman H. Sharp

(b) Address Springfield Mo.

19. (a) 10-23-48 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Muskogee 999

(c) City or town Muskogee 5
(If outside city or town limits, write "RURAL")

(d) Street No. 11 South B Street 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1948 hour 10: minute 35 P.M.

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

Immediate cause of death Pulmonary Tuberculosis
E.A. bilateral cavitation and recent
intratracheal hemorrhage

Due to (2) ulcerative tuberculous enteritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 15 D

Of operations

Of autopsy SAME AS ABOVE

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?
(Specify type of place)

While at work? (e) Means of injury ✓

23. Signature P. L. EISELE, M.D. (M. D. or other)
Address O'REILLY VAH, Springfield, Mo. Date signed 10-21-48

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

9
2
6

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.....

Gene C. Hunter

Registered Apprentice No. *291*

working under my personal supervision.

Signed *Leah Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Franklin*

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.