

FILED JAN 12 1949

Registration District No. 5

Primary Registration District No. 3011

1. PLACE OF DEATH:
 (a) County Carroll
 (b) City or town Carrollton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Staton Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 In this community 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Carroll
 (c) City or town Carrollton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Roy Artie Cotton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marie Cotton 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased Aug 19 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 24 hr. min.

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

10. Usual occupation Electrician

11. Industry or business _____

12. Name Overton Cotton

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

14. Maiden name Mary Miller
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Sherman Cotton

(b) Address Bogard, Mo.

17. (a) Burial (b) Date thereof 12-15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director E.A. Dunsen

(b) Address Bogard, Mo.

19. (a) 12/15/48 (b) Mr. Harvey Calvert
 (Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 P.
 year 1948 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Dec. 6 to Dec 13 1948
 that I last saw him alive on Dec 13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach
 Due to _____
 Duration 2 yrs.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy Y/B

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? 0

23. Signature R. Hamilton Dutton M.D. or other _____
 Address Carrollton, Mo Date signed Dec 14 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-11-49

JAN 19 1949

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 E. A. Anderson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.