

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson, Mo. - Hotel Shamrock Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 1 Jackson, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Jackson, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arthur</u>	b. (Middle)	c. (Last) <u>Cotner</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 30 1949</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 5, 1885</u>	9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer + Saw Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James A. Cotner</u>	13b. MOTHER'S MAIDEN NAME <u>Malisse Mc Knight</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy King Cotner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-14-3861</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daisy Cotner</u>	ADDRESS <u>Route 1 Jackson</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>154X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma Rectum + Oesophagus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau, same, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 28, 1948 to time of death, that I last saw the deceased alive on April 28, 1948, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Hall, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>6-4-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McVain Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 5, 1949</u>	REGISTRAR'S SIGNATURE <u>D. S. Sauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb-Hernandez Co.</u>	ADDRESS
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No. 300
 16
 records will challenge in hope for Parents
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
File Number 649-805
Date Filed 6-15-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Thos. K. Allen

Signed _____
Student Embalmer

Licensed Embalmer No. 4055

P. O. Address Jackson

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.