

FILED DEC 18 1942

Registration District No. **4333-22** Primary Registration District No. **22-4333** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Monteau**
(b) City or town **Clarksburg**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monteau**
(c) City or town **Clarksburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **CORDELIA-JANE-COBB**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Chester W. Cobb** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **May 24, 1890**
(Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **18** If less than one day hr. min.

9. Birthplace **Monteau Co. MO** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **John A. Stinson**

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

14. Maiden name **Neyada Martin**

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

16. (a) Informant **Chester W. Cobb**

(b) Address **Clarksburg Mo.**

17. (a) **None** (b) Date thereof **12-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksburg Monteau**

18. (a) Signature of funeral director **J. J. ...**

(b) Address **Hopkins**

19. (a) **Dec 13-42** (b) **Jennie M. Nudels**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12th** year **1942** hour **11** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **March** 19**42**, to **Dec 12** 19**42** that I last saw her alive on **Dec 12** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of ovaries with metastases** 9 months

Due to _____
Due to **H9a**

Other conditions (Include pregnancy within 3 months of death) **H9a**

Major findings: Of operations **metastatic carcinoma of ovaries**
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) (e) Means of injury _____

23. Signature **Kenneth Latham** (M. D. or other) **0**
Address **California** Date signed **12-12-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

68
88

DEC 22 1942

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton 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.