

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18683

State File No.

Registration District No. 224

Primary Registration District No. 8046

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(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)

3. (a) PRINT

FULL NAME Sarah Grace Cochran

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert R. Cochran 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Jan 12 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 19 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name James Milburn
13. Birthplace Moniteau Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Jemima K. Cook
15. Birthplace Moniteau Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Robert R. Cochran
(b) Address Rt 4 California Mo.
17. (a) Burial (b) Date thereof June 2. 44
(Burial, cremation, or removal) (Month) (Day) (Year)
California Cent
(c) Place: burial or cremation

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 6-1-44 (b) R. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #4, California
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1944 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 15, 1944 to May 31, 1944
that I last saw her alive on May 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 1 yr

Due to Cause Not Known

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Uterus
Of autopsy

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 (c) Means of injury

23. Signature L. L. Latham (M. D. or other)
Address California, MO Date signed 5-31-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-44

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 Eare R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.