

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

REC'D MAY 10 1939

14127
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Salt River Primary Registration District No. 3002 Registered No. 52
 (c) City Mexico Mo (d) Street No. East Orange Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles H. Cort

(a) Residence, No. 201 W. Love St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zetta Mae Cort

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-9-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 - 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. P.R. Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Thomas Cort

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Anna Bosland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Harley Cort
219 S. 3rd. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal, Mo. DATE April 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.
Mexico, Missouri

20. FILED 4-3-1939 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at about 4 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Pnea
Broken neck
in fall from roof
raft shed

Other contributory causes of importance: 1860

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury _____, 19____

Where did injury occur? Mexico Mo.

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall from Roof

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Blanche Neely

(Address) Mexico Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

442

OCT 22 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,

Arvo Arnold Jr.

or by

Registered Apprentice No., working under my personal supervision.

Signed

Arvo Arnold Jr.

Licensed Embalmer No.

3569

P. O. Address

Mexico

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, above space should be left blank.