No. 2
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2068

Registration District No. 121 Primary Registration District No. 3009 Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Alma Elaine Corse

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ardell Corse

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased April (Month) 24 (Day) 1917 (Year)

8. AGE: Years 23 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Jefferson Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Herman Cox
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Della Cox
15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Herman L. Cox
(b) Address Marfio Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Crosstown Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 1-29-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 29, 1941;
that I last saw her alive on Jan 25, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Myocarditis	3 da
Due to Sapremia following	3 da
Due to a Cesarean section on 1-25-41	14
Other conditions (Include pregnancy within 3 months of death) Full term pregnancy	

Major findings: Of operations Free fluid in peritoneal cavity; General contracted pelvis; 8 lb 4 oz fetus
Of autopsy none

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? (e) Means of injury

23. Signature Jerome J. Bredall (M. D. or other)
Address Perryville, Mo Date signed 1-29-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2128

P. O. Address Henrybell Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.