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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13744

State File No. _____

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis - Smith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day
(Specify whether years, months or days)

In this community 3 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL.")

(d) Street No. 1216 East Alexander St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 20, 1941, to April 23, 1941; that I last saw her alive on April 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital heart disease
Patent foramen ovale

Due to New-born

Duration 3 days

Other conditions (Include pregnancy within 3 months of death):

Major findings: _____
Of operations: _____
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. King (M. D. or other) Mo
Address Kirkville, Mo. Date signed 4/29/41

3. (a) PRINT FULL NAME Joyce Kay Corley

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Kirkville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Clifford R. Corley

13. Birthplace Kirkville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Father Bowen

15. Birthplace Nowinger Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford R. Corley

(b) Address 1216 E. Alexander Kirkville Mo

17. (a) Burial (b) Date thereof 4-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cent.

18. (a) Signature of funeral director Doc Riley

(b) Address Kirkville Mo

19. (a) April 24/41 (b) Spencer L. Meama
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-41-906

Date Filed MAY 14 1941

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.....

D. E. Riley
.....
Licensed Embalmer No. 4181

P. O. Address..... Kirksville 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.