

2
40
39
23159

FILED JUN 20 1941

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 152

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Morrow
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Adair
 (c) City or town Rural Kirksville Rth 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Margaret Bell Cory

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 Widowed

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

7. Birth date of deceased June 19 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Don't know Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Lawrence

13. Birthplace Don't know Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jane White

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

16. (a) Informant Frances Baralay

(b) Address Kirksville Mo. Rth 5

17. (a) Burial (b) Date thereof May 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Cemetery

18. (a) Signature of general director Glenn E. Kaul
(b) Address Greene City, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from June 29, 1941 to May 20, 1941
that I last saw her alive on May 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
Due to _____

Due to _____
Other conditions ADT
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

Duration 5 years

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? _____

23. Signature H. P. Garrison, M.D. (Specify type of place) _____
(e) Means of injury _____
Address Hanger Mo Date signed 5-23-41

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-41-1178

Date Filed JUN 18 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

Archibald W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, Mo.

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

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