No. 2
1-10-39
17-39
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FILLED JUL 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Symmonds

State File No. 22854

Registration District No. 810 Primary Registration District No. 4488 Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 99

(c) City or town Memphis 1
(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.? 0 years.

3. (a) PRINT FULL NAME Cora Lee Easterday

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 Newton D. Easterday 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Nov (Month) 2 (Day) 1863 (Year)

8. AGE: Years 77 Months 7 Days 23 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Jonathan Whalen
13. Birthplace Maryland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Lesfee
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leo Baker
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Fenster + Bassett
(b) Address Memphis Mo

19. (a) July 1-'41 (Date received local registrar) (b) E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from June 23rd, 1941, to June 25, 1941; that I last saw her alive on June 24, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy (cerebral)	
Due to Arteriosclerosis High Blood Pressure	
Due to	
Other conditions Nephritis Chr. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

131 P

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

23. Signature E. E. Symmonds (M. D. or other) 2
Address Memphis Mo Date signed June 28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1314
Date Filed JUL 16 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.....

Licensed Embalmer No.....

P. O. Address.....

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.