

FILED SEP 12 1941

Registration District No. **461**

Primary Registration District No. **3024**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County **Lafayette**  
(b) City or town **Lexington**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **W. Howard St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life-time** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**  
(c) City or town **Lexington** **054**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **W. Howard St.** **3**  
**U. S.** (If rural, give location) **2**  
(e) Citizen of foreign country? **YES.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**  
year **1941** hour **3** minute **15 P.M.**  
21. I hereby certify that I attended the deceased from **Sept 14** 19**40** to **Aug. 2** 19**41**  
that I last saw **her** alive on **July 31** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Perforation of stomach & Hemorrhages of Colon**  
**Due to infection - Necrotic**

Other conditions (include pregnancy within 3 months of death) **2313**  
Major findings: Of operations **crs operation**  
Of autopsy **none**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

**Mattie Corney**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color **Bl.** 6. (a) Single, widowed, married, divorced **Single**  
7. Birth date of deceased **Feb 22 - 1868**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Missouri** **Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

12. Name **James Richardson**

13. Birthplace **Carroll Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret**

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

16. (a) Informant **Nellie Taylor**

(b) Address **Lexington Missouri**

17. (a) **Burial** (b) Date thereof **Aug 5/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Upper Spring**

18. (a) Signature of funeral director **James Taylor**

(b) Address **Lexington Mo. Bates**

19. (a) **Aug 2/41** (b) **Nellie Bates**  
(Date received local registrar) (Registrar's signature)

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 **J. S. West, M.D.** (M. D. or other) **D**  
Address **Lexington, Mo** Date signed **8/3/41**

**046** (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-17-41

**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 *Kim Hensley*  
Licensed Embalmer No. *3105*  
P. O. Address *Lexington, Md*

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.