

FILED JAN 31 1944

State File No. _____

Registration District No. 38

Primary Registration District No. 3006-5-20

Registrar's No. 298

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cora Detienne

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

7. Birth date of deceased August 27 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 14 - hr. - min.

9. Birthplace Pittsfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name John McCune

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

14. Maiden name Armintha Baker

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

16. (a) Informant Pt. (Cora Detienne)

(b) Address Mexico, Mo.

17. (a) Removal (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salmonia, Mo.
 (d) Signature of funeral director Earl E. Kudd
 (e) Address Mexico, Mo.
 19. (a) 12-11-43 (b) E. John H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 710 Woodlawn
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
 year 1943 hour 10: minute 55 A.M.

21. I hereby certify that I attended the deceased from November 19, 1943, to December 11, 1943; that I last saw her alive on December 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pneumonia 7 or 8 days
 Due to Failure of wound healing 7 or 8 days

Due to Epidermoid carcinoma 6 m. t.
6 m. t.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations same as above 46d
 Of autopsy as above
 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 Wackerman (M. D. or other) M.D.
 Address Columbia Mo Date signed 12/10/43

1250

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

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.....

Earl E. Pruck

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Pruck

Licensed Embalmer No.....

3189

P. O. Address.....

Mexico 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.