

DEPARTMENT OF COMMERCE  
 BUREAU OF VITAL RECORDS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED SEP 25 1946** STANDARD CERTIFICATE OF DEATH

30206

State File No.

3887

Registration District No. 149Primary Registration District No. 1002

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Jackson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 days  
(Specify whether  
 In this community 45 yrs.  
years, months or days)

3. (a) PRINT FULL NAME TED FRANCIS COREY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Odessa Corey 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased May 9 1886  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 3 If less than one day  
hr. min.

9. Birthplace Ellsworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Rural Carrier

11. Industry or business

12. Name Agustus Corey  
 13. Birthplace Madison Co. Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Epperting  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Teddie Corey

(b) Address 24 E 32 Terrace K.C. Mo

17. (a) Removal (b) Date thereof 9-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland Mo.

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cleveland Mo.

19. (a) 9-13-46 (b) Sheraldene Holmes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19  
 (c) City or town Cleveland  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
 year 1946 hour 11:00 minute a . M.

21. I hereby certify that I attended the deceased from March 18, 1944 to Sept 12, 1946  
 that I last saw him alive on Sept 12, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 day  
 Duration \_\_\_\_\_

Due to Generalized arteriosclerosis 3 years  
Cardiovascular disease

Due to Congestive Heart Failure 3 months

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations 93d  
 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:

(c) 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 John Asher (M. D. or other) M.D.  
 Address 12720 Prop. Bldg. Date signed 9-13-46

NOV 26 1946

**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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 5201

**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.