

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **384**
Registrar's No. **20**

Registration District No. **43**

Primary Registration District No. **5143**

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Rural Poplar Bluff Twp.**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **Sixty Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")

(d) Street No. **Black Road**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Wesley Cory**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12**
year **1947** hour **10** minute **4** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **July 2 1882**
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	64	6	10	_____ hr. _____ min.

Duration

Cerebral Embolus

Due to **myocarditis**

9. Birthplace **Reynolds County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Due to _____

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

11. Industry or business _____

12. Name **Joe Cory**

13. Birthplace **Reynolds County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Sutton**

15. Birthplace **Reynolds County Missouri**
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **W.R. Cory**

(b) Address **W.R. Cory Poplar Bluff, Mo**

17. (a) **Burial** (b) Date thereof **1-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marble Hill Cem.**

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? _____

18. (a) Signature of funeral director **Frank Cotrell Chapel**

(b) Address **112 Vine St. Poplar Bluff, Mo.**

19. (a) **1-14-47** (b) **W. M. M. M.**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury **2**

Signature **Joseph W. Gann**
(M. D. or other)

Address **Poplar Bluff Mo** Date signed **1/13-47**

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

MOTHER FATHER

1947

1947

of 10

of 10

RECEIVED

District Health Office No. 2,

District File Number 149-103

Date Filed 1-20-47

1947

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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. 2964

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, fact should be so stated above.