

S. No. 2
M-843
v. 5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12773
Registrar's No. 9

FILED MAY 15 1947

Registration District No. 60

Primary Registration District No. 2235

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Benton Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XXXXXX
(Specify whether)

In this community Most of life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 210

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Benton Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country XXXXXX

3. (c) PRINT FULL NAME CLARA JANE CORRELL

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1947 hour 1 minute 45 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 1-18- 1947
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Jess Correll

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

7. Birth date of deceased January 9 1875
(Month) (Day) (Year)

Immediate cause of death Undetermined

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>28</u>	<u>XX</u> <u>XX</u> min.

Major findings:
Of operations 200

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Unknown Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXXX

MOTHER FATHER {

12. Name Walter Sanders

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

14. Maiden name Elizabeth Pelts

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

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? _____

16. (a) Informant Ethel Lee

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 4-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamby Cemetery

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Wm. B. Kistler (M. D. or other) 0

Address Stockton, Mo. Date signed 7-9-47

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) Apr 1 28 1947 (b) Mrs. Velma Ellis
(Date received local registrar) (Registrar's signature) 2 of 2

RECEIVED
District Health Officer No. 7,
District File Number 4-47-526
Date filed 5-14-47

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton, 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.