

FILED JUN 11 1947

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Libanon, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kauser & Wallace Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Cora Violet Delcours

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

4. Sex Female 5. Color or race White 6. (a) Single, married, divorced married

6. (b) Name of husband or wife Lee Delcours 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February 27, 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>2</u>	<u>22</u>	hr. min.

9. Birthplace Manes Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arthur H. Rayborn

13. Birthplace Green Mountain Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lothe Belle Crisp

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

16. (a) Informant Lee Delcours

(b) Address Hartsville, Missouri

17. (a) Removal (b) Date thereof May 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsville, Mo

18. (a) Signature of funeral director Gene E. Halden

(b) Address Hartsville, Mo.

19. (a) 6-7-47 (b) Doc Frankenberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 5-16, 1947, to 5-21, 1947
that I last saw her alive on 5-21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia & shock 3 da.

Due to Hemorrhage after delivery of 3rd child
Due to an p May 18, 1947

Other conditions (Include pregnancy within 3 months of death) 1460

Major findings: Inversion of uterus

Of operations _____

Of autopsy _____

Duration

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 James P. Hope, (M. D. or other) _____
Address Libanon, Mo. Date signed 6/1/47

Received 6/10/47

Laclede County Health Unit

File No. 6/47-96

Date Filed 6/10/47

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..... *Gene E. Hildren*

Licensed Embalmer No. *3865*

P. O. Address..... *Hartsville, 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.