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FILED OCT 14 1948  
Registration District No. 05

Primary Registration District No. 4113

State File No. \_\_\_\_\_  
Registrar's No. 80

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

1. PLACE OF DEATH: **Chariton**

(a) County.....  
 (b) City or town **Brunswick**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME **Infant Albert Corey Not Named**

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..... **Single**

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

7. Birth date of deceased **August 25th. 1948**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<b>11 Hours</b>

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

10. Usual occupation **None**

11. Industry or business **Albert Corey**

12. Name **Poplar Bluff Missouri**

13. Birthplace **Margaret Burnes**  
(City, town, or county) (State or foreign country)

14. Maiden name **Topeka Kansas**

15. Birthplace **Albert Corey**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hrunswick, Missouri**  
 (b) Address

17. (a) **Burial** (b) Date thereof **8-26-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick Missouri**

18. (a) Signature of funeral director **L. W. Heisel**  
**Brunswick, Missouri**  
 (b) Address

19. (a) **9-26-48** (b) **Willard Brown**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

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

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

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

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

MEDICAL CERTIFICATION **August 26th.**

20. DATE OF DEATH: Month **August** day.....  
 year **1948** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 25**  
 19**48** to **August 26** 19**48**  
 that I last saw her alive on **August 25** 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Subdural (Intra-tentorial) hemorrhage** Duration **10 hrs.**

Due to **Venous congestion and stasis.**

Due to **Premature spontaneous labor and breech presentation**

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

Major findings:  
 Of operations.....  
 Of autopsy.....

PHYSICIAN  
 Underline the cause of 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?.....  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **W. D. Stearns** (M. D. or other) **W. D. Stearns**  
 Address **Brunswick, Mo.** Date signed **9/27/48**

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed ..... 10-13-48 .....

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 .....

*L. M. Marsal*

Licensed Embalmer No. 823

P. O. Address *Brunswick, Ga.*

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.