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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32179

Registration District No. 44 Primary Registration District No. 5746 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: 3 miles east of Braymer, Mo. (If not in hospital or institution, write street number or location)

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

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. 3 miles east Braymer, Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CORA MAY NORTH

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Willard North

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

7. Birth date of deceased March (Month) 22 (Day) 1869 (Year)

8. AGE: Years 79 Months 5 Days 27 If less than one day X hr. X min.

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

10. Usual occupation Housekeeping

11. Industry or business Housekeeper

MOTHER FATHER

12. Name John Horth

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

14. Maiden name Eliza Martin

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

16. (a) Informant Mrs. Ralph Yuillo

(b) Address Rural, Braymer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Enon Cemetery

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Mo.

19. (a) 10-15-48 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 21 1948 to Sept. 19, 1948 that I last saw her alive on Sept 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic) — Duration many years

Due to Bronchial Asthma — many years

Due to

Other conditions Arteriosclerosis (generalized) — many years
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
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:

(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? 0 (Specify type of place)

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

23. Signature D. E. Goldberg (M.D. or other) M.D.

Address Braymer, Mo. Date signed 9/21/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 C. Michael

Licensed Embalmer No. 4240

P. O. Address Bronaugh, Missouri

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.