

1938 SEP 23

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29213

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township Jasper Primary Registration District No. 3021 Registered No. 58
 (c) City Wells City (d) Street No. 604 S. ROANE. St.
 (e) Length of residence in city or town where death occurred 55 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 604 S. Roane St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

William Alfred Corl (WILLIAM ALFRED CORL.) 64

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Nancy E. Corl (CORL)

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1938, to 8-3, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1862

I last saw him alive on 8-3, 1938 Death is said to have occurred on the date stated above, at 3:00 m.

7. AGE YEARS 75 MONTHS 10 DAYS 29 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Merchant
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Date of onset

Block of coronary artery & heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gold Hill N.C.

Other contributory causes of importance: 94%

FATHER 13. NAME David Corl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gold Hill N.C.

MOTHER 15. MAIDEN NAME Julia Barnhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gold Hill N.C.

17. INFORMANT (ADDRESS) Nancy E. Corl Wells City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem. DATE 7/5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wells City, Mo.

20. FILED AUG. 5, 1938

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. D. [Signature], M. D.

377 (Address) Wells City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-118

Date filed 9-20-38

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, myself

or by

Registered Apprentice No. working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No.

3922

P. O. Address

Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.