

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4035-**
Registrar's No. _____

FEB 13 1940
Registration District No. **843**

Primary Registration District No. **6106**

1. PLACE OF DEATH:

(a) County Stone Washington
(b) City or town Salena Rural 21
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Cora Mae Andrus 26

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 Married
6. (b) Name of husband or wife Jess 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased August, 13 - 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Stone Co Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓
12. Name Edd Blodier
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Jenkins
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Andrus
(b) Address Salena, Mo. R # 2

17. (a) Burial (b) Date thereof Jan. 9 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright's Chapel

18. (a) Signature of funeral director J. B. Maples
(b) Address Clever, Mo. 765

19. (a) Jan 9 '40 (b) Nellie Ironley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Rural
(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. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1940 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 16 -
1939 to Jan 7 1940
that I last saw her alive on Dec 29 1939
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy - Duration 瞬

Due to acute nephritis -

Due to g2k

Other conditions g2k
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none
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 [Signature] (M. D. or other) 1
Address Salena Mo Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 240-399

Date Filed FEB 12 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.