JUN 13 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18420

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 440

1. PLACE OF DEATH

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 76 hrs. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Thayer, Mo. (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.

3. (a) PRINT FULL NAME Morse, Cora Mrs. 620

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 widowed

6. (b) Name of husband or wife C E Morse

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

7. Birth date of deceased May (Month) 7 (Day) 1875 (Year)

8. AGE: Years 65 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Russell N Hutman

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

14. Maiden name Angie N Hutman

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

16. (a) Informant A P Harris

(b) Address 926 E Sunshine Springfield.

17. (a) Remains (Burial, cremation, or removal) (b) Date thereof May 14, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Mo.

18. (a) Signature of funeral director Les Carr C114

(b) Address Thayer Mo. 101

19. (a) May 14, 1940 (Date received local registrar) W. E. Handley M.D. (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 12, 1940 to May 14, 1940 that I last saw her alive on May 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Carcinoma of Cervix — 5 yrs

Due to primary

Due to

Other conditions None known (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fred P. Farthing (M. D. or other) M.D.

Address Springfield, Mo. Date signed 5/14/

(Licensed Embalmer's Statement on Reverse Side)

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

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 wi the above constitutes grounds for revocation of license.)

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