

FILED JAN 17 1941
Registration District No. **445**

Primary Registration District No. **5605**

52

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

1. PLACE OF DEATH:

(a) County **Knot**
(b) City or town **Rural Fabius Twp**
(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
In this community **78 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CHARLES ELLIOTT MCSORLEY**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **MARY KATHRYN MCSORLEY** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **April 30 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **12** If less than one day hr. min.

9. Birthplace **Knot County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **own farm**
12. Name **Alfred McSorley**
13. Birthplace **Kentucky**
(City, town or county) (State or foreign country)
14. Maiden name **Sarah Allison**
15. Birthplace **Lewis County Mo**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs C.E. McSorley**
(b) Address **Shelbyville Mo**

17. (a) **burial** (b) Date thereof **Dec 13 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Shiloh Cemetery**

18. (a) Signature of funeral director **W. Trueman**
(b) Address **Beulah, Missouri**

19. (a) **Dec 14 1940** (b) **Mrs C.M. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knot**
(c) City or town **Rural Fabius Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **R 75-2 Shelbyville Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12**
year **1940** hour **11** minute **00A** M.

21. I hereby certify that I attended the deceased from **Dec 11**
19 **40** to **Dec 12**, 19 **40**.

that I last saw him alive on **Dec 11**
and that death occurred on the date and hour stated above.
Immediate cause of death **Pneumonia**

Due to **Mitral Insufficiency**
and Chronic
Dilatation of Heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92W**
Of autopsy

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?

395 (Specify type of place) While at work (Specify means of injury)
23. Signature **Waldo Wilson** (M. D. or other) **Walt**
Address **Newark, Mo** Date signed **12/14/40**

Duration **5 days**
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-41-114

Date Filed JAN 13 1941

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. *Sly*

Signed *C. W. Musgrove*

Licensed Embalmer No. 2719

P. O. Address Bethel, Mo.

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.