

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mtn. Grove  
(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 \_\_\_\_\_ (Specify whether)  
In this community 40 years (Specify whether) 2  
years, months or days

3. (a) PRINT FULL NAME Cora Northway

3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 10-1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name W.H. Northway's

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

14. Maiden name Unknown

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

16. (a) Informant Ada Northway

(b) Address Mtn. Grove, Mo.

17. (a) Burial (b) Date thereof Dec 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

19. (a) 12-31-1940 (b) Bernice Montgomery  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mtn. Grove, 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.? 72 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1940 hour 3 minute 00

21. I hereby certify that I attended the deceased from Dec 22  
Dec 1940 to Dec 24 1940  
that I last saw her alive on Dec 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Flu

Due to HN

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 12-31-1940

RECEIVED

District Health Officer No. 6,

District File Number 141-128

Date Filed JAN 15 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.

Signed Russell Barber  
Licensed Embalmer No. 3848  
P. O. Address Mtn. Grove

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.