No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2287

Registration District No. 206 | Primary Registration District No. 4127 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Turney
(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 years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: CLINTON
(c) City or town: TURNEY
(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: GERALDINE CORWIN
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, married, widowed, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Dec. (Month) 24 (Day) 1940 (Year)

8. AGE: Years: — Months: — Days: 14 If less than one day ____ hr. ____ min.

9. Birthplace: Turney (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
12. Name (Father): Carl Corwin
13. Birthplace (Father): Audubon Co (City, town, or county) Mo. (State or foreign country)
14. Maiden name (Mother): Mary Jones
15. Birthplace (Mother): Greenfield (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Carl Corwin
(b) Address: Turney Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Turney Mo.
18. (a) Signature of funeral director: O. W. Moore
(b) Address: Cameron Mo.
19. (a) 1-10-41 (Date received local registrar) (b) E. B. Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1941 hour 3:0 minute A M.
21. I hereby certify that I attended the deceased from December 24, 1940, to Jan 9th, 1941, that I last saw her alive on Jan 9th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Infantile tetany (Cardiac) — Duration
Due to:
Due to:
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? (Specify type of place)
(While at work? (e) Means of injury:

23. Signature: C. D. James (M. D. or other) DO
Address: Cameron Mo Date signed 1/9/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or ~~by~~ _____

This baby was not embalmed, ~~Registered Apprentice No.~~ _____

working under my personal supervision.

Signed O. A. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron 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, fact should be so stated above.