No. 2
4-13-40
5-17-39
FILED MAR 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8370

Registration District No. 838 — Primary Registration District No. 4509 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Dexter (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vine Street / (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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Dexter ? (If outside city or town limits, write "RURAL")
(d) Street No.: Vine Street / (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 0

3. (a) PRINT FULL NAME: Fern Corzine
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: Ben H. Corzine 6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: June (Month) 20 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
34	7	29	hr. ____ min.

9. Birthplace: (City, town, or county) ____ Missouri (State or foreign country)
10. Usual occupation: Domestic
11. Industry or business: ____
MOTHER FATHER
12. Name: Noah Stroud
13. Birthplace: (City, town, or county) / Illinois (State or foreign country)
14. Maiden name: Sussie Curtis
15. Birthplace: (City, town, or county) / Illinois (State or foreign country)
16. (a) Informant: Ben H. Corzine
(b) Address: Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Dowdy Cemetery
18. (a) Signature of funeral director: Blankenship-Strickland
(b) Address: Dexter, Mo.
19. (a) 2/26/1941 (Date received local registrar) (b) Jennie Lunsford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1941 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 10, 1941, 19____, to Feb. 19, 1941, 19____; that I last saw her alive on Feb. 14, 1941, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Several years
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: George Schaefer (M. D. or other) A
Address: Dexter, Mo. Date signed: 2-20-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 341-346
Date Filed 3/19/41

1941 2 February 19 30 P.

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, ~~XXX~~ J. E. Strickland, Registered Apprentice No. ..... working under my personal supervision.

Signed J E Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.