

No. 2
4-13-40
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11274

State File No. _____

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 57

1. PLACE OF DEATH:

(a) County LIVINGSTON

(b) City or town CHILlicothe

(c) Name of hospital or institution: 225 EAST THIRD ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 67 YEARS / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIVINGSTON

(c) City or town CHILlicothe 59
(If outside city or town limits, write "RURAL")

(d) Street No. 225 EAST THIRD ST. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. P years.

3. (a) PRINT FULL NAME CORR JENNETT PAGE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 29 year 1941 hour 5 minute NP M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to March 29 1941 that I last saw her alive on March 19 1941 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race COLOR

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WIFE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: APRIL - 14 - 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis 10 weeks

8. AGE: Years Months Days If less than one day

67 11 15 hr. _____ min.

Due to Smoking

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace CHILlicothe MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name ALEX. HUTCHISON

13. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

14. Maiden name LINK

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

16. (a) Informant Nathaniel B Hutchison

(b) Address Chillicothe Mo

17. (a) Burial (b) Date thereof APRIL 1 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SOUTH CEMETERY

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? 9112
While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director F. A. Meinershagen

(b) Address Chillicothe Mo

19. (a) 4-1-41 (b) HTP Grace, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature G. W. [unclear] (M. D. or other) _____

Address Chillicothe Mo Date signed 3/29/41

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

59
1
2

JUL 10 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 me

Elmer Thomas

Registered Apprentice No.

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Phillipattoe Va

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.