

PERMANENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17691

Registration District No. 263

Primary Registration District No. 4162

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb
 (b) City or town Weatherby
(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: 10yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
 (c) City or town Weatherby
(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.? 0 years.

3. (a) PRINT FULL NAME Cora Viola Julian

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

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

6. (b) Name of husband or wife Frank Julian 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 3 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Billups
 18. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Burnes
 15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Julian
 (b) Address Weatherby Mo

17. (a) Removal (b) Date thereof 5/30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shanbaugh & Co. ne Weatherby

18. (a) Signature of funeral director Pilcher Funeral Home
 (b) Address Maysville Mo

19. (a) June 1-4 (b) James Fitzgerald
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
 year 1941 hour 11 minute 45 AM.

21. I hereby certify that I attended the deceased from April 1
 1941, to May 20, 1941;
 that I last saw her alive on 20, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cordis, Randal
Proficiency
James H. Beck
 Due to _____
 Due to myocardial
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings: Of operations _____
 Of autopsy no

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? no

While at _____
(Specify type of place) (e) Means of injury _____
 28. Signature John H. ... (M. D. or other) _____
 Address ... Date signed _____

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 *[Handwritten Signature]*
Licensed Embalmer No. *3960*
P. O. Address *Mayfield N*

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

If this body is not embalmed, above space should be left blank.