

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24680**  
Registrar's No. **198**

Registration District No. **104**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **Callaway**  
(b) City or town: **West City limits**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**West City limits**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **16 years!**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway** **014**  
(c) City or town **Fulton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **West City limits**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**  
year **1941** hour **6:30** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Jan 1935**  
19\_\_\_\_ to **July 24** 1941;  
that I last saw her alive on **July 12** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **P. Pulmonary**  
**Embolus**  
Due to **Arterial F. Embolus**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Cora Chaffin Wick**

3. (b) If veteran, name war **no** (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **E. L. Wick** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Jan 21 1892**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **6** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Helbette, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **W. A. Jeffrey**

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

14. Maiden name **Claudia McMahon**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virginia Epperson**

(b) Address **Fulton, Missouri**

17. (a) **Burial** (b) Date thereof **July 27, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest Cemetery**

18. (a) Signature of funeral director **J. H. Wallace**

(b) Address **Fulton, Missouri**

19. (a) **July 26, 1941** (b) **R. M. Crews**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1111

7-25-41

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**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 *Harold J. Christy*  
Licensed Embalmer No. *4302*  
P. O. Address *Burlington, Mo.*

**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, fact should be so stated above.**