

No. 2
-13-40
17-39
X23

Registration District No. 1941626

Primary Registration District No. 5-828

Registrar's No. _____

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

1. PLACE OF DEATH: NODAWAY

(a) County Nodaway

(b) City or town Hopkins P.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Staff
(If not in hospital or institution, write street number or location)

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

In this community 26 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway ⁷⁴

(c) City or town Hopkins P.F.D. ⁶
(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 Elizabeth Randolph McCorkle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 5 minute 40 P.M.

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife SANFORD McCorkle

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

7. Birth date of deceased MAY 4 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/1, 1941, to 7/12, 1941;
that I last saw her alive on 7/10/41, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 2 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of stomach ^{unknown}

Due to Previously had carcinoma of left breast with no local amputation ^{6 mo.}

9. Birthplace MARENGO ILL
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations H&H

Of autopsy _____

MOTHER FATHER

12. Name DR WALTER F. RANDOLPH

13. Birthplace Meadville PENN.
(City, town, or county) (State or foreign country)

14. Maiden name RACHEL

15. Birthplace UNKNOWN VT.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Donald Turner

(b) Address 4 Ephraim, Mo

17. (a) BURIAL (b) Date thereof July 14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo

19. (a) July 29-1941 (b) Wallace F. Keeney
(Date received local registrar) (Registrar's signature)

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? _____ (f) Means of injury _____

23. Signature W. T. Keeney (M. D. or other) Ph.D.

Address Hopkins Mo Date signed 7/14/41

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 *Meyer*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.