No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26393

AUG 14 1941

Registration District No. 838

Primary Registration District No. 609 & B

Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County: Stoddard

(b) City or town: Rural Liberty Twp
(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 years, months or days)
In this community ____

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Stoddard 103

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Dexter R. 1 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Jerry Lee Corzine

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: 0 Single

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Feb. (Month) 5 (Day) '41 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| X | 4 | 24 | ____ hr. ____ min. |

9. Birthplace: Stoddard Co. (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation: Infant

11. Industry or business ____

FATHER
12. Name: Alva Corzine
13. Birthplace: Bollinger Co. (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name: Hattie Hutchcraft
15. Birthplace: Dexter (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant: Alva Corzine
(b) Address: Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hagy Cemetery

18. (a) Signature of funeral director: Blankenship-Strickland
(b) Address: Dexter, Mo.

19. (a) 8/4/1941 (Date received by local registrar) (b) Jennie Benbow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 29 year '41 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from June 22nd, 1941, to June 29, 1941, that I last saw him alive on June 23rd, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Neo Cerebrum — Duration: 8 days

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: —

Of autopsy: no

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): no
(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: L. S. Dawn (M.D.)
Address: Dexter, Mo. Date signed: 6-29-41

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8
District File Number 841-1065
Date Filed 8-12-41

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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