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FILED SEP 13 1941

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 233

1. PLACE OF DEATH:  
 (a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Elizabeth  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 Days  
 In this community 71 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cora Jane Cash  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Ray R. Cash 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 12 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>3</u>	hr. min.

9. Birthplace Frankford Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Edgar Haden  
 13. Birthplace Frankford Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Harriet Bostetter  
 15. Birthplace Frankford Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank M. Arman  
 (b) Address Brawley, Calif  
 17. (a) Burial (b) Date thereat Aug 17 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Frankford Missouri

18. (a) Signature of funeral director W. Fisher  
Frankford Missouri  
 (b) Address \_\_\_\_\_  
 19. (a) Aug 16, 1941 (b) W. Fisher  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pike 82  
 (c) City or town Frankford 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 15  
 year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1941, to Aug 15, 1941,  
 that I last saw her alive on Aug 10, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death ruptured appendix - peritonitis - valvular  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: abcess opened  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
 (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 W. Fisher (M. D. or other) 0  
 Address Aug - 10 - 41 Date signed Frankford Mo

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

MOTHER FATHER

**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 *Joan Fields Megow*

Licensed Embalmer No. *4093*

P. O. Address *Frankford, 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.**