

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28986**

FILED AUG 29 1941
Registration District No. **632**

Primary Registration District No. **4382**

Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Thayer**
(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 **57 years**

3. (a) PRINT FULL NAME **Cora E. Countryman**

3. (b) If veteran, name war **--** 3. (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 **Charley P. Countryman**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Aug. 27 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 - hr. min.

9. Birthplace **Rome / New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business

MOTHER FATHER
12. Name **? Ferguson**
13. Birthplace **New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **9 Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Phillips**
(b) Address **Thayer, Mo.**

17. (a) **Burial** (b) Date thereof **7/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Thayer Cem.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Thayer, Mo.**

19. (a) **AUG. 6. 1941** (b) **Lola E. Johnson**
(Date received local registrar) (Registrar's signature)

562 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon 75**
(c) City or town **Thayer 8**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1941** hour **1** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **July 31-40**
..... 19..... to **July 1, 1941**
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 year**

Due to **Atherosclerosis** **2 years**

Due to **[Signature]**
Other conditions (Include pregnancy within 3 months of death) **83A**

Major findings: 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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Thayer, Mo.** Date signed **Aug 1-41**

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

5-1-0

RECEIVED

District Health Officer No. 5,

District File Number 8411856

Date Filed _____

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. 28352

P. O. Address Thayer

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.