DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1673

FILED JAN. 30 1942

Registration District No. 6 8

Primary Registration District No. 5103

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural - Crooked Creek
(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
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Marquend, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cordelia Yount
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) I5 (Day) I86I (Year)

8. AGE: Years 80 | Months 8 | Days | If less than one day hr. min.

9. Birthplace / Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name James Brooks
13. Birthplace Unk. / Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Emilia Dark
15. Birthplace Unk. / Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address Marquand R.R.#I
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I2-I5-4I (Month) (Day) (Year)
(c) Place: burial or cremation Patton, Mo.
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. B. Grafton
19. (a) Dec. 15 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day I4th
year I94I hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from Dec 12 1941
19 to Dec 14th 1941;
that I last saw her alive on Dec 14th 1941;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Injury to head caused by fall | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Senility | |
| 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) accident
(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 Cedar Critis (M. D. or other)
Address Leadwinchville Mo. Date signed 1/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 4
District File Number 142-38
Date Filed 4-14-42

## 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 J. B. Graham

Licensed Embalmer No. 4010

P. O. Address Centerville, 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.**