S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 11581

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1701 So Summitt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1701 So. Summitt
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD KORTE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color White

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

6. (b) Name of husband or wife Eleanor Korte

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec (Month) 14 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	2	29	..... hr. ..... min.

9. Birthplace Zanesville (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Retired

11. Industry or business R.R. Employee

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) " (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Mrs. Edward Korte
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia Mo.

19. (a) 3/16/42 (Date received local registrar) (b) Mrs Anne Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 10 Mar 1942 to Mar 13 1942
that I last saw him alive on Mar 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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 E E Snavely (M. D. or other) M D
Address Sedalia MO Date signed 3/15 42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-42

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 L. E. Boulelin

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.