

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12262

Registration District No. 25

Primary Registration District No. 3039

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Kernos
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 511 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Kernos
(c) City or town Nevada
(If outside city or town limits, write "RURAL") 2
(d) Street No. 511 S. Main
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Corey

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred H Corey 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 12, 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewifery

12. Name William A. Egart

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma Schuck

15. Birthplace Unknown New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Fred H Corey

(b) Address Nevada mo 511 S. Main St

17. (a) Removal (b) Date thereof 3/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edna, Kansas

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada mo

19. (a) March 2 1942 (b) Elizabeth Buckridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2, year 1942 hour 7:40 minute A M.

21. I hereby certify that I attended the deceased from July 8-1941 to Mar 2 1942

that I last saw her alive on Feb 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Crisipaloid carcinoma of left chest, arm, neck
Due to Probable primary carcinoma of left breast
Due to _____

Duration 8 mo

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

Major findings: Of operations 50

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 CR Buckridge (M. D. or other) _____

Address Nevada, Mo Date signed 3-2-42

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

MOTHER FATHER

1231

RECEIVED

District Health Officer No. 7,

District File Number 4-42-376

Date Filed 4-9-42

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.....

Lloyd B. Winsett

Licensed Embalmer No. 3857

P. O. Address: Xwada, 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.