

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27312

FILED SEP 14 1942 2841

State File No.

Registration District No.

Primary Registration District No. 4-2-23425

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains mo
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Howell
(c) City or town West Plains mo
(If outside city or town limits, write "RURAL")
(d) Street No 15 Fairfield Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Cora B. Inoues

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
year 42 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from March 19 19 42 to March 29 19 42
that I last saw her alive on March 29 19 42
and that death occurred on the date and hour stated above.

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife U. P. Inoues 6. (c) Age of husband or wife if alive 12 - 1868 years

7. Birth date of deceased March 12 - 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 10 days
Due to Arterio Sclerosis

8. AGE: Years 74 Months 0 Days 0 If less than one day 0 hr. 0 min.

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 820

11. Industry or business

12. Name Inoues J. Inoues

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

14. Maiden name Cora B. Inoues

15. Birthplace Delaware
(City, town, or county) (State or foreign country)

Major findings: Of operations 820
Of autopsy

16. (a) Informant Mrs. Lloyd Thompson
(b) Address West Plains mo

17. (a) 13 (b) Date thereof 3-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Creek

18. (a) Signature of funeral director [Signature]

(b) Address West Plains mo

19. (a) 4-1-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? Yes (Specify type of place) (e) Means of injury 820
Signature [Signature] (M. D. or other)
Address West Plains, Mo. Date signed 4-1-42

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

46
1

1125

Inoues

RECEIVED

District Health Officer No. 5,

District File Number 942730

Date Filed 9-11-42

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

D. S. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Main

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.