

FILED SEP 21 1942

Primary Registration District No. 2163

Registrar's No. 282

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Callaway

(c) Name of hospital or institution:  
1 mile north of Tebbetts, Mo.

(d) Length of stay: In hospital or institution No

In this community All life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural

(d) Street No. 1 mile north of Tebbetts, Mo.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Cora Marie Gathwright

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28  
year 1942 hour 6 minute 25 P.M.

4. Sex Female 5. Color or race Black

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

6. (b) Name of husband or wife Harry Gathwright

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: 1 (Month) 23 (Day) 1880 (Year)

21. I hereby certify that I attended the deceased from August 10, 1942, to August 28, 1942 that I last saw her alive on August 28, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 7 Days 5 If less than one day hr. min.

Immediate cause of death Apoplexy

Duration Aug. 10

9. Birthplace Missouri

Due to Cerebral hemorrhage

Due to Arterio scleriosis

10. Usual occupation Housewife

Other conditions of 3a!

11. Industry or business

Major findings: Of operations

12. Name Mose Pryor

Of autopsy

13. Birthplace Missouri

14. Maiden name Matilda Pryor

15. Birthplace Missouri

16. (a) Informant Harry Gathwright

(b) Address Tebbetts, Missouri

17. (a) Burial (b) Date thereof 8 31 1942

(c) Place: burial or cremation Oakly Chapel

18. (a) Signature of funeral director Roy A. Holt

(b) Address New Bloomfield, Missouri

19. (a) 9-1-1942 (b) Jessie M. Mountriff

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Dr. Richard S. ... (M. D. or other) \_\_\_\_\_

Address 421 Lafayette St. Jefferson City, Missouri Date signed Aug. 31, 1942

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14  
00

1147

**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, Ray A. Holt,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Ray A. Holt*

Licensed Embalmer No.

2605

P. O. Address

New Bloomfield, Pa.

**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.**