

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14031

State File No.

FILED MAY 7 1943

Registration District No.

Primary Registration District No. 4126

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Wysaconda
(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 9 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Cora Evalena Lough

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1943 hour 9 minute 45 M.

4. Sex female 5. Color or race white

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

(b) Name of husband or wife C.M. Lough 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 8 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30 1943 to Mar 17 1943
and that I last saw him alive on Mar 10 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 3 9 hr. min.

Immediate cause of death Coronary Thrombosis

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

Due to Chronic Myocarditis

10. Usual occupation Housekeeping

Other conditions (Include pregnancy within 3 months of death) 93d

MOTHER, FATHER { 12. Name John Baker

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

14. Maiden name Mary Ann Baker

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant C.M. Lough

(b) Address Wysaconda Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Mar 21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Ce.

(c) (City or town) (County) (State)

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

18. (a) Signature of funeral director Luther W. ...

(b) Address Lakota Mo.

19. (a) 4-7-43 (b) Perry S. Bator
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Lakota Mo. Date signed 4-1-43

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

2000

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 5-43-778

Date Filed MAY 5 1949

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..... *Otis L. Luttinger*

Licensed Embalmer No. *29657*

P. O. Address..... *Lurray 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.