S. No. 2
M—5-42
5-17-39
I X32671

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

20765

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 30 1949

Registration District No. 18 Primary Registration District No. 5077 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Home - Rural (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 Missouri (b) County Bates

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

(d) Street No. Charlotte Township (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lewis Edward Corlett

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bell Corlett

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 24 (Day) 1867 (Year)

8. AGE: Years 75 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Christopher Corlett
13. Birthplace Isle of Man England (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Bell Corlett

(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culvers

(b) Address Butler Mo.

19. (a) April 20-1943 (Date received local registrar) (b) Viola L. Sills (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 6 minute a M.

21. I hereby certify that I attended the deceased from June 20th, 1943, to Apr. 17, 1943; that I last saw him alive on Apr. 17th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Interstitial Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy no

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 C. A. Lusk MD. (M. D. or other)

Address Butler Mo Date signed

1332 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7
District File Number 5-43-602
Date Filed 6-29-43

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 C. E. Cutler

Licensed Embalmer No. 2576

P. O. Address Butler, 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.