

No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34594  
Registrar's No. 799A

FILED OCT 19 1943  
Registration District No. 128

Primary Registration District No. 2000

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: City Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 203 1/2 Chase  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CORDELIA CHOATE  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 27  
year 1943 hour 3 minute 20 AM  
21. I hereby certify that I attended the deceased from 8-6-'43  
that I last saw her alive on 9-26-'43

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ben Choate  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Unk. Unk. 1873.

Immediate cause of death Myocardial insufficiency  
Due to Arteriosclerosis

8. AGE: Years Months Days If less than one day  
about 70 Unk. Unk. Unk. hr. min.  
9. Birthplace Unk. Kentucky

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 9322  
Of autopsy Unk.

MOTHER FATHER  
11. Industry or business Unk.  
12. Name Unk. Backer  
13. Birthplace Unk. Kentucky  
14. Maiden name Unk.  
15. Birthplace Unk. Kentucky

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Unk.  
(b) Unk. 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?

16. (a) Informant Mrs. May Anderson  
(b) Address 324 1/2 Atlantic St.  
17. (a) Burial (b) Date thereof Sept 28 1943  
(c) Place: burial or cremation Hazelwood  
18. (a) Signature of funeral director Fred C. Thorne  
(b) Address 1100 Soonerville  
19. (a) 9-27-43 (b) D. W. Hardy

Signature E. M. Hardy  
Address Springfield, Mo. Date signed 9-27-43

**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 *Fred J. Thomas*

Licensed Embalmer No. *2899*

P. O. Address *Springfield, 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.**