

FILED JAN 7 4 1944

Registration District No. _____

Primary Registration District No. 4067

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Gulins, Mo.
(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 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Gulins, Mo.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 43 hour 8:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from 12-20 1943 to 11-25 1943
that I last saw her alive on Nov. 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: none
Of autopsy: none

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? _____ (Specify type of place) (e) Means of injury _____
23. Signature: _____ (M. D. or other) _____
Address: _____ Date signed 11-27-43

3. (a) PRINT FULL NAME Cora Bourin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife C. O. Bourin 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov - 5 - 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 21 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Elias Lilla Like
13. Birthplace Monroe City Ind. (City, town, or county) (State or foreign country)
14. Maiden name Maquette Smith
15. Birthplace Monroe City, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Aunt Harrison
(b) Address Gulins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hartage Cemetery

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark.

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

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

1200

100

JAN 24 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.