S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4053

Registration District No. 194 Primary Registration District No. 3056 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 424 Jefferson St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Virginia H. McCorkle
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 6th (Day) 1886 (Year)

8. AGE: Years 57 Months 10 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo O (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name Archibald McCorkle
13. Birthplace (City, town, or county) Tex. (State or foreign country)
14. Maiden name Hepsabeth Buford
15. Birthplace (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mrs Ben Hackett
(b) Address Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Chapel, Pettis Co
18. (a) Signature of funeral director Malan and Son
(b) Address Moberly Mo.
19. (a) 1-6-44 (Date received local registrar) (b) Irma Hove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1944 hour 3 minute 9 A.M.
21. I hereby certify that I attended the deceased from Dec 24/43 to Jan 3/44, 19; that I last saw the deceased alive on Jan 3/44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis — months
Due to
Due to
Cirrhosis of Liver — months
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
While at work? (Specify type of office) (e) Means of injury
23. Signature L. E. Hale M.D. (M.D. or other)
Address Moberly, Mo. Date signed 1/6/44

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1944

RECEIVED
District Health Officer No. 10
District File Number 1-44-94
Date Filed JAN 11 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 Frank O. DeWitt

Licensed Embalmer No. 3071

P. O. Address Moberly 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.