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17-39  
X36671

FILED APR 7 / 1944  
Registration District No. 1344

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
104 N. Baltimore  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Emery Corethers

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

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: <u>May 27 1943</u>	(Month) (Day) (Year)	

8. AGE: Years	Months	Days	If less than one day
	<u>10</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John J. Corethers

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

14. Maiden name Mary Mitchell

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

16. (a) Informant John J. Corethers

(b) Address Kirkville, Mo.

17. (a) Hunnell, Mo (b) Date thereof 4/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunnell, Mo

18. (a) Signature of funeral director DEE Riley

(b) Address Kirkville, Mo.

19. (a) 4/4/44 (b) Mrs. J. L. Wayne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. 104 North Baltimore  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1944 hour twelve minute 15 P.M.

21. I hereby certify that I attended the deceased from April 1st to April 1st, 1944.  
that I last saw him alive on April 1st, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to \_\_\_\_\_

Due to 107

Other conditions: None  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations No operations

Of autopsy No autopsy

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 J. R. Schultz (M. D. or other) DO  
Address 5035 Benton Date signed 4/11/44

1049

RECEIVED  
District Health Officer No. 90  
District File Number 4544-75  
Date Filed APR 6 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

*S. E. Riley*

Licensed Embalmer No. 4181

P. O. Address: Kirksville, 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.