

S. No. 2
M-2.43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18770

State File No.

FILED MAY 18 1944

Registration District No.

Primary Registration District No. 5866

Registrar's No.

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Myrtle Oak Grove Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (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 1 year
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Lester Corp
 3. (b) If veteran, name war --
 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 29
 year 1944 hour 3 minute 25 A. M.
 21. I hereby certify that I attended the deceased from

4. Sex Male 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

19..... to..... 19.....
 that I last saw him alive on and that death occurred on the date and hour stated above.
 Immediate cause of death: Acute Myeloid Leukemia
 Duration: 61

7. Birth date of deceased: March 14 1903
(Month) (Day) (Year)
 8. AGE: Years 41 Months - Days 15
If less than one day hr. min.

Due to:
 Due to:
 Other conditions: 61
(Include pregnancy within 3 months of death)

9. Birthplace: Green County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation: Farmer

Major findings: Of operations
 Of autopsy:
 PHYSICIAN:
 Underline the cause to which death should be charged statistically.

11. Industry or business:
 12. Name: Marion Corp
 13. Birthplace: Arkansas
(City, town, or county) (State or foreign country)
 14. Maiden name: Ella Eaves
 15. Birthplace: Green County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Ella Corp
 (b) Address: Myrtle, Mo.
 17. (a) Burial (b) Date thereof: 3/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Myrtle Cem.

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)

18. (a) Signature of funeral director: Geo. Barr
 (b) Address: Thayer, Mo.
 19. (a) 4-6-44 (b) Gae W. Williams
(Date received local registrar) (Registrar's signature)

While at work: (c) Means of injury:
 23. Signature: (M. D. or other)
 Address: Date signed:

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

75
000

75
00

1112

(Licensed Embalmer's Statement on Reverse Side)

Cooper

M.D.
F-1-44

RECEIVED

District Health Officer No. 5,

District File Number 544303

Date Filed 5-17-44

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.