

2
43
39
37823

Registration District No. 53

Primary Registration District No. 3010

State File No. _____

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. E. Mo. Hosp.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 2 days

3. (a) PRINT FULL NAME Francis Corzine

3. (b) If veteran, name war _____ 3. (c) Social Security No. 359-01-2918

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Sadie 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased: June 17-1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Union County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER, FATHER { 12. Name Marion Corzine
13. Birthplace Union Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sadie Corzine
15. Birthplace Union Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Corzine
(b) Address Anna, Mo.
17. (a) Burial (b) Date thereof: 6-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Anna, Mo.

18. (a) Signature of funeral director: J. B. Hawell
(b) Address Cape Girardeau, Mo.
19. (a) 7-5-44 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union
(c) City or town Anna, Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour 2 minute a M.

21. I hereby certify that I attended the deceased from 6-26
1944 to 6-27 1944
that I last saw him alive on 6-26-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Myocarditis
Due to: Prostatic Hypertrophy 2

Due to _____
Other conditions: 932
(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 place)
(c) Means of injury _____
23. Signature Paul H. Johnson (M. D. or other) MD
Address Cape Girardeau, Mo. Date signed 6-29-44

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

RECEIVED

District Health Officer No. 4
District File Number 744-4069
Date Filed 7-7-44

JUL 24 1944

JUL 18 1944

Not Embalmed

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.