

V. S. No. 2
DOM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27221

FILED SEP 12 1944

State File No. _____

Registration District No. 26

Primary Registration District No. 4048

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rocheport
(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 _____ (Specify whether _____)

In this community 71 Years
years, months or days

3. (a) PRINT FULL NAME CORA BELL SETTLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Aubrey T. Settle

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7 - 31 - 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 3

If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name William T. Ridgeway

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Shaw

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

16. (a) Informant Mrs. Miller Herr

(b) Address Rocheport, Mo.

17. (a) Burial (b) Date thereof 8-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocheport

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) Aug. 8, 1944 (b) Mrs. Betty Crane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(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 Aug. day 4
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 19 - 1944 to Aug 4 - 1944
that I last saw him alive on July 27 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Chronic Arteriosclerosis with High Blood Pressure

Due to _____

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

Major findings: 94a

Of operations _____

Of autopsy _____

Duration _____

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)

(e) Means of injury _____

23. Signature H. E. Russell (M. D. or other) _____

Address Rocheport, Mo. Date signed 8-5-44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-11-44

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 M. S. Whitisides

Licensed Embalmer No. 3893

P.O. Address Columbia, Md.

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.