

FILED SEP 6 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27503

State File No.

47

Registrar's No.

Registration District No. 23

Primary Registration District No. 5282

1. PLACE OF DEATH:  
(a) County Clark  
(b) City or town Revere rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Grant Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Clark  
(c) City or town Revere Mo. (Rural)  
(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 Everett A. Courtney  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8<sup>th</sup> day 25<sup>th</sup> year 44 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 8-18 1944 to 8-25 1944  
that I last saw him alive on 8-25-44 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Sarah Jane Courtney 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased March 1 - 1870  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) gza!  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 74 Months 5 Days 24 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.  
9. Birthplace Laura Falls Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farming  
11. Industry or business \_\_\_\_\_  
12. Name Michael Courtney  
13. Birthplace Ripton Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Katherine Adams  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Courtney  
(b) Address Revere Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27 - 1944 (Month) (Day) (Year)  
(c) Place: burial or cremation Sand Co.  
18. (a) Signature of funeral director George J. Hall  
(b) Address Revere Mo.  
19. (a) 8-28-44 (Date received local registrar) (b) Paul Boston (Registrar's signature)

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 Ed. H. Channing (Date signed) 8-26-44  
Address Revere Mo.

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

SEP 18 1944

RECEIVED

District Health Officer No. 10

District File Number 9-44-1523

Date Filed SEP 5 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 Oli L. Tutting

Licensed Embalmer No. 2965

P. O. Address Lurray 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.