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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 19 1945

Registration District No. 170

Primary Registration District No. 5629

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town RURAL JACKSON TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: LINN CREEK STAR RT. LEBANON - MO  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 72 YRS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County LACLEDE 53  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. LINN CREEK STAR RT. LEBANON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD M. CORYELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY FREDRICK 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased FEB 23 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CLARK Co ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

12. Name WM CORYELL  
13. Birthplace ILL  
(City, town, or county) (State or foreign country)  
14. Maiden name NOT KNOWN  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Rogers  
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 12-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON

18. (c) Signature of funeral director PALMER'S  
(b) Address LEBANON MO

19. (a) 12-29-44 (b) Grace Rogers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 4  
year 1944 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from DEC 28 1944 to JAN 6 1945  
that I was alive on NOV 2 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Cancer of stomach

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
468

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 J. A. M. Couch (M. D. or other) 1-5-45  
Address Lebanon Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5330

1090

Received .....

Laclede County Health Unit

File No. 12-44-1621

Date Filed 1/16/45

**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 Allyn Dethridge Hooker

Licensed Embalmer No. 4333

P. O. Address Libanon, 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.**