

FILED AUG 9 1945
 Registration District No. **275**

Primary Registration District No. **4409**

Registrar's No. **11**

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

1. PLACE OF DEATH:
 (a) County Shelby
 (b) City or town Newburg
 (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 (Specify whether
 In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Shelby
 (c) City or town Newburg
 (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:

3. (a) PRINT FULL NAME Josephine Irene Courson
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 8
 year 1945 hour 2 minute 40 P.M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Floyd Courson 6. (c) Age of husband or wife if 42 years
 7. Birth date of deceased Oct 8 1904
 (Month) (Day) (Year)

that I last saw her alive on June 8, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Asphyxiation
(Choked) Duration _____

8. AGE: Years 40 Months 8 Days _____ If less than one day _____ hr. _____ min.

Due to Flash flood in city of Newburg
 Due to _____

9. Birthplace Arlington Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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

MOTHER FATHER
 11. Industry or business _____
 12. Name Joseph Leughriga
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Maggie Woods
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 1937/19
 Underline the cause to which death should be charged statistically.

16. (a) Informant Floyd Courson
 (b) Address Newburg Mo
 17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 12 1945
 (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence June 8 1945
 (c) Where did injury occur? Newburg Shelby Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near home

18. (a) Signature of funeral director Lee Johnson
 (b) Address Newburg Mo
 19. (a) 7-27-45 (Date received local registrar) (b) Mrs. Juvenile Harney (Registrar's signature)

While at work? no (Specify type of place) (c) Means of injury High water
 23. Signature S. Claude Yule (D. or other) 6/11/45
 Address Rolla Mo Date signed _____

1403

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..... *S. L. Murrell*.....

Licensed Embalmer No..... *3394*.....

P. O. Address..... *Rolla 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.