S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37327

Registration District No. ____ Primary Registration District No. ~~3025~~ 4218 Registrar's No. ~~1~~ 173

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 307 E. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 16 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 307 E. Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Lewis Corson
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 S
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased January 13, 1856 (Month) (Day) (Year)

8. AGE: Years 89 | Months 8 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation farming
11. Industry or business ____

MOTHER FATHER
12. Name Henry Corson
13. Birthplace unknown (City, town or county) (State or foreign country)
14. Maiden name Harriett Smith
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant L.A.Corson.
(b) Address Windsor, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct.13,1945 (Month) (Day) (Year)
(c) Place: burial or cremation Chilhowee, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.
19. (a) Nov-21-45 (Date received local registrar) (b) R.A.Kennedy (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th year 1945 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from ____, 1945, to ____, 1945, that I last saw him alive on ____, 1945, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death ____ | |
| Due to ____ | |
| Due to ____ | |
| Other conditions (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? ____ (Specify type of place)
While at work ____ (e) Means of injury ____

23. Signature ____ (M. D. or other)
Address ____ Date signed ____

1452 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di... ...th Officer No. 1
11-45-1176
Date Filed 12-6-45

## 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 Elbert M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor 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.**