

S. No. 2
1-8-43
5-17-39
I X37823

FILED FEB 8 1946

Registration District No. 97B Primary Registration District No. 4-1-5-8-5347 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bender's

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Buffalo 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 CORA MORSE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1946 hour _____ minute 15-p M.

21. I hereby certify that I attended the deceased from Oct, 1945, to Jan, 1946,
that I last saw her alive on 15 Jan, 1946,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased Oct 24 1860
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 34 day

Due to Congestive Heart Failure 5-6 mo?

Due to Hypertensive Cardio-Vascular Dis ?

Other conditions (Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace West Union Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Helen Stobbes

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

14. Maiden name Matilda Hough

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

16. (a) Informant D. Morse

(b) Address Buffalo Mo

17. (a) Buried (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation hill

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) 2-2-19-46 (b) D. Morse
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 13/2

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 D. Morse (M. D. or other)

Address Buffalo Mo Date signed 31 Jan 46

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

513

RECEIVED
Health Officer No. 7,
1-46-61
Date Filed 2-7-46

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 *Leonard B. Jones*
Licensed Embalmer No. *25828*
P. O. Address *Bluffton, S.C.*

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.