S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 333 Primary Registration District No. 3074

State File No. 4259

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 300 Kathleen /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 300 Kathleen 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country None

3. (a) PRINT FULL NAME Cora Vowels

3. (b) If veteran, name war ----

3. (c) Social Security No. -----

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 11th (Day) 1870 (Year)

8. AGE: Years 75 Months 5 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Wyatt, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Robert Vowels
13. Birthplace Louisville (City, town, or county) Ky. (State or foreign country) /

MOTHER
14. Maiden name Mary E. Hutcheson
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country) /

16. (a) Informant C.H. Vowels

(b) Address Wyatt, Mo.

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

(c) Place: burial or cremation I.O.O.F. Charleston, Mo.

18. (a) Signature of funeral director John F. Nunnelee Jr

(b) Address Charleston, Mo

19. (a) 1-25-46 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1946 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from January 5th, 1946 to Jan 15, 1946, that I last saw her alive on Jan 15th, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenzia	
Due to Infirmities of age	
Due to Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Dr. B. L. McMullin (M. D. or other) M.D.

Address Stallings Bldg Sikeston, Date signed 1-25-46

(Licensed Embalmer's Statement on Reverse Side)

307 Mo

RECEIVED
District Health Office No. 2,
District File Number 146-146
Date Filed 1-31-46

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.