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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

5000

**FILED MAR 15 1946** STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 75

Primary Registration District No. 4108

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County CLINTON  
(b) City or town LATHROP RURAL  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 yrs. (Specify whether years, months or days)  
In this community 65 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County CLINTON  
(c) City or town RURAL LATHROP  
(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 .....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 31  
year 1946 hour 4 minute 3 P. M.

21. I hereby certify that I attended the deceased from Feb 2nd 1943 to Jan 31st 1946  
that I last saw her alive on Jan 31st 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Cerebral Hemorrhage

Due to Hypertension

Due to .....

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

Major findings: Of operations .....

g30

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? .....

While at work? (Specify type of place) (c) Mechanism of injury 2

23. Signature [Signature] (M. D. or other) D.O  
Address Lathrop Mo Date signed 2/1/46

3. (a) PRINT FULL NAME CORA BELL RAE

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

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May 24 1866

8. AGE: Years 79 Months 8 Days 7 If less than one day .....

9. Birthplace KENTUCKY

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER { 12. Name Thomas ADKISON

13. Birthplace KENTUCKY

14. Maiden name BELL BROGDON

15. Birthplace KENTUCKY

16. (a) Informant Louisa B. Rae

(b) Address LATHROP MO

17. (a) BURIAL Date thereof Feb. 2-1946

(c) Place: burial or cremation LATHROP MO

18. (a) Signature of funeral director DEMOSSE CRUNK

(b) Address LATHROP MO

19. (a) Feb. 2, 46 (b) [Signature]

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

500

