

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23085

FILED AUG 27 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
Missouri State Penitentiary Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 11 Mo. 25  
(Specify whether in hospital or institution)

In this community 9 yrs. 3 Mo. 18 Days  
(Specify whether in community)

3. (a) PRINT FULL NAME Claude . Corrington

(b) If veteran, name war Unknown

(c) Social Security No. Unknown

4. Sex Male 5. Color or race W

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

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

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

7. Birth date of deceased July 15 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	0	9	hr. _____ min. _____

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Prison Hosp. Records

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 7-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo. Gordon Funeral Home

18. (a) Signature of funeral director R. P. Harris

(b) Address Jefferson City, Missouri

19. (a) 7-26-46 (b) R. P. Harris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis City  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1946 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 3 1944 to July 24 1946  
that I last saw him alive on July 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage at side

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_

Duration

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? in  
(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) (e) Means of injury \_\_\_\_\_

23. Signature W. U. Marshall (M. D. or other) MS  
Address Jefferson City, Mo. Date signed 7-24-46

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-336  
Date Filed 8-5-46

**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

*Emilio Jones Jr.*

Licensed Embalmer No.....

P. O. Address.....

*Jefferson City*

**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.**