. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30111

FILED SEP 23 1946

Registration District No. 77 Primary Registration District No. 5549 3024 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Howard

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

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

(d) Length of stay: In hospital or institution ----- In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Fayette
(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 ------

3. (a) PRINT FULL NAME Otho McCorkle

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

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

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February (Month) 10, (Day) 1869 (Year)

8. AGE: Years 77 Months 6 Days 22 If less than one day ---- hr. ---- min.

9. Birthplace Howard Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ------

MOTHER FATHER

12. Name John McCorkle

13. Birthplace Cass Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Martha Liggett

15. Birthplace Howard Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ada McCorkle

(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/46 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) September 11, 1946 (Date received local registrar) (b) Dorothy Fern Sphin (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd. year 1946 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 1930, 19..., to Sept 2, 1946, that I last saw him alive on Aug, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	none
Due to: Hypertension & Myocarditis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

93D

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place)

While at work? (e) Means of injury

23. Signature M. J. Shaw (M. D. or other) MD

Address Fayette Mo. Date signed 9-9-46

123 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number
Date Filed 9-24-6

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.