. No. 2
I—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24646

Registration District No. 168 Primary Registration District No. 4253 Registrar's No.

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Chilhowee
(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 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Chilhowee (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 William Schuyler Corson
3. (b) If veteran, name war x
3. (c) Social Security No. 499-16-3117
4. Sex Male
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 Dec. (Month) 5 (Day) 1879 (Year)
8. AGE: Years 67 Months 7 Days 4 If less than one day hr. min.
9. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation General Laborer
11. Industry or business
FATHER 12. Name Thomas Jefferson
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Emma Stansberry
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Clarence Stansberry
(b) Address Chilhowee, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carpenter Cemetery
18. (a) Signature of funeral director J. W. Cook
(b) Address Chilhowee, Missouri
19. (a) 7/12/47 (Date received local registrar) (b) Mamie Blackburn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1947 hour 3:00 P.M. minute p.m.
21. I hereby certify that I attended the deceased from June 7, 1947, 19..., to June 12, 1947, 19..., that I last saw him alive on June 12, 1947, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute left heart failure | 3 months |
| Due to Rheumatic heart disease | 50 years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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? (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 J. Reed Mayson (M. D. or other) M.D.
Address Warrensburg Mo Date signed July 10

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1947

## 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.....J. W. Cook

Licensed Embalmer No. 4335

P. O. Address.....Chillicothe, 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.**