S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28404

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 50

1. PLACE OF DEATH:
(a) County: ~~Cole~~ Moniteau
(b) City or town: CALIFORNIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LATHAM-SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ days (Specify whether years, months or days)
In this community ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MILLER 66
(c) City or town: ETTERVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country ✓

3. (a) PRINT FULL NAME: CORA-JOSEPHINE-MUSICK
3. (b) If veteran, name war: none
3. (c) Social Security No.
4. Sex: Female 1
5. Color or race: White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed
6. (b) Name of husband or ~~wife~~: ALVIN-MUSICK
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased: APRIL (Month) 21 (Day) 1875 (Year)

8. AGE: Years 68 Months 4 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace: Cole-Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: MASON-DUDLEY 9
13. Birthplace: unknown 1 (City, town, or county) (State or foreign country)
14. Maiden name: IVY-MOFFLEET
15. Birthplace: unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Martha Scott 1
(b) Address: Detroit Mich.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: HICKORY-HILL-Cem
18. (a) Signature of funeral director: Ruth M. Kaye
(b) Address: Eldon
19. (a) 8/12/47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1947 hour 1 minute 25 A.M.
21. I hereby certify that I attended the deceased from Aug 5 1947 to Aug 9 1947 that I last saw her alive on Aug 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83A
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature: Kenyon Latham M.D. (M. D. or other)
Address: California, Mo Date signed 8-5-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
AUG 29 1947
Date Filed

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 Keith M Hays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.