No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 37107

Registrar's No. 1446

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: few minutes (Specify whether
In this community: about 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan 11
(c) City or town: R.F.D.#3 (If outside city or town limits, write "RURAL") 0
(d) Street No.: St. Joseph, Mo. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: A

3. (a) PRINT FULL NAME: Jennie Corrough
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Fem.
5. Color or race: Wht.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Samuel
6. (c) Age of husband or wife if liv. years
7. Birth date of deceased: June 28, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	3	hr. min.

9. Birthplace: Knox County, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Moses Coulter
13. Birthplace: unk Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary E. Durbin
15. Birthplace: unk Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Estelle Binks
(b) Address: Albany, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph
19. (a) 12-6-47 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 1st year: 1947 hour: 10:15 minute: A. M.

21. I hereby certify that I attended the deceased from Nov 28, 1947, to Dec 1st, 1947; that I last saw her alive on Dec 1st, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	4 days
Due to: Pneumonia	9
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Levi Bedell M.D. (M. D. or other)
Address: Hill Bldg St. Joseph, Mo Date signed: 12/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Beck
King Hill Bldg
7th Francis

JUN 3 1948

MAR 23 1949

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 Charles M. Harman Registered Apprentice No. 450, working under my personal supervision.

APR 21 1934

Signed John Roy Clancy

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.