S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42339

State File No.

FILED JAN 5 1948

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 429

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 113 S Hawkins 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 113 S Hawkins 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Robert Cort
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of ~~husband~~ or wife Bessie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 31 (Day) 1870 (Year)

8. AGE: Years 77 Months 11 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Thomas J Cort
13. Birthplace (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name Helen Borland
15. Birthplace (City, town, or county) Penna 1 (State or foreign country)
16. (a) Informant Mr. Clifford Cort
(b) Address Hannibal
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Grant View Burial Park
18. (a) Signature of funeral director James Donnell
(b) Address Hannibal Mo
19. (a) 12-30-47 (Date received local registrar) (b) Dr E M Lucke 189 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1947 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec. 25, 1947, to Dec. 25, 1947
that I last saw him alive on Dec. 25, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 or 5 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 3 D	
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 A. B. Blue (M. D. or other)
Address Hannibal Mo Date signed 12-29-47

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

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 Michael J. C. Donnell

Licensed Embalmer No. 3246

P. O. Address Hanover Md.

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.