

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15784**

FILED MAY 19 1948

Registration District No. **107**

Primary Registration District No. **3016**

Registrar's No. **121**

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

6
2
4

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Missouri State Penitentiary Hospital **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~XXXXXX~~ 1 month 21 days
(Specify whether
In this community 1 year 10 mo. 9 days
years, months or days)

3. (a) PRINT FULL NAME Ernest Courtney

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. XXXXXX

4. Sex Male **2** 5. Color or race C

6. (a) Single, widowed, married, divorced Single **0**

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

7. Birth date of deceased March 15 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>1</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name Unknown **9**

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mo. State Prison Hospital

(b) Address Jefferson City, Missouri

17. (a) Removal (b) Date thereof 5 13 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wicksville, Mo.
Thorpe-Gordon Funeral Home

18. (a) Signature of funeral director _____
Jefferson City, Missouri

(b) Address _____

19. (a) 5-13-48 (b) R. P. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Clark **999**

(c) City or town Taylor **3**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No **9** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 12:55 minute A M.

21. I hereby certify that I attended the deceased from 3-15-48
_____, 19____, to 5-6-48, 19____;
that I last saw him alive on 5-5-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Henry V. Stuhlman Jr (M. D. or other) **MD**
Address Jefferson City, Mo. Date signed 5-6-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Date Filed MAY 18 1948
District File Number

District Health Officer No. 9

RECEIVED

JUL 22 1948

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

G. N. Houser

Registered Apprentice No. 42

working under my personal supervision.

Signed

Ferd P. Dulle

Licensed Embalmer No. 3890

P.O. Address Jefferson City 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.