

FILED NOV 23 1948

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 338

Primary Registration District No. 4501

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield
(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
In this community Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Lee Sorrell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evalina Sorrell 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Mar. 12, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 29 If less than one day
hr. _____ min.

9. Birthplace White Co., near Sparta, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher & Salesman

11. Industry or business ---

MOTHER FATHER { 12. Name Manley Sorrell
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Evelyn Ward
15. Birthplace near Sparta, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Sorrell

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof Nov. 14, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 11-19-48 (b) Rose Webb
(Date received local registrar) (Registrar's signature) 355

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1948 hour 10 or 11 P. M. M.

21. I hereby certify that I attended the deceased from January
1, 1946 to Nov 1, 1948
that I last saw him alive on Nov 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration ?

Due to _____

Due to _____

Other conditions Diabetes Mellitus 18 yrs
(Include pregnancy within 3 months of death)

Major findings: None performed
Of operations _____
Of autopsy None performed
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature D. A. Jones (M. D. or other) M.D.
Address Bloomfield Mo Date signed 11-16-48

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

RECEIVED

District Health Office No. 2

District File Number 1148-1560

Date Filed 11-22-48

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 *Stan C. Cooper*.....

Licensed Embalmer No. 4119.....

P. O. Address. Bloomfield, 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.