

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6658
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township White Oak Primary Registration District No. 5495
(c) City Atchick (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Chas. E. Correll
(a) Residence, No. Atchick R.R. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26-1907</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>0</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>Life</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo Henry Co Mo</u>	
	13. NAME <u>Chas Correll</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co Mo</u>	
	15. MAIDEN NAME <u>Mattie Arnold</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mary Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Herbert Arnold Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Oak</u> DATE <u>2-1-1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred C. Wilkinson Clinton Mo</u>		
20. FILED <u>2-7-39</u> <u>Dr J. B. Hampton</u> Local Registrar. <u>315</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939, to Jan 29, 1939
I last saw him alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
1518
Other contributory causes of importance: Eczema Defida from Birth

Date of onset	
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? Y (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. W. Galloway, M. D.
(Address) Atchick Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7

District File Number 7-39-331

Date Filed 3-3-39

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. 2478

working under my personal supervision.

Signed

Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clanton 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.