

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21781

Registration District No. 355

Primary Registration District No. 15498

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Rural Walker T
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 mi N of Walk!
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 yrs
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles E. Correll

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife May Correll 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 10 1869
(Month) (Day) (Year)8. AGE: Years 72 Months 8 Days 6 hr. _____ min. _____9. Birthplace Pittsville (City, town, or county) Mo (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name James Correll13. Birthplace Virginia (City, town, or county) (State or foreign country)14. Maiden name Jane Penick15. Birthplace Virginia (City, town, or county) (State or foreign country)16. (a) Informant Charles Arnold(b) Address Clinton Mo17. (a) Burial (b) Date thereof 6 26-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation White Oak18. (a) Signature of funeral director Fred C. Wilkinson(b) Address Clinton Mo19. (a) 6-28-41 (b) W. E. Baggaley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near White Oak Church
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 1 minute 30 P.M.21. I hereby certify that I attended the deceased from June 24
1941, to June 25, 1941;that I last saw him alive on June 24, 1941
and that death occurred on the date and hour stated above.Immediate cause of death pulmonary T. B. Duration 3 yr.

Due to _____

Due to 12/2Other conditions 12/2
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? 317 (Specify type of place)
(e) Means of injury _____23. Signature J. L. Walker (M. D. or other) M.D.Address Clinton Mo Date signed 6 28 41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

8 P-42

322

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1071

Date Filed 7-2-41

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: Fred W. Welkman

Licensed Embalmer No. 2478

P. O. Address Clinton M

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.

F. W. Welkman 7-8-41