

FILED SEP 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. 31143

Registration District No. 273

Primary Registration District No. 2918

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Salem
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution 67-0-10
In this community 67-0-10

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(d) Street No. 0
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME

Noah Corse

(b) If veteran, name war

(c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Corse

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August

8 (Day) 1887 (Year)

8. AGE: Years 67 Months 0 Days 10
If less than one day hr. min.

9. Birthplace Perry Co., Missouri

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Corse

13. Birthplace Kentucky

14. Maiden name Mary Cashion

15. Birthplace Perry Co., Missouri

16. (a) Informant Fred Corse

(b) Address Menfro No.

17. (a) Burial (b) Date thereof 8-20-1945

(c) Place: burial or cremation Crosstown Mo.

18. (a) Signature of funeral director Young

(b) Address Perry

19. (a) 8-20-45 (b) Young

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1945 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Aug 1 1945
to Aug 18 1945
that I last saw h alive on Aug 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct

Due to Metal embolism

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

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? (Specify type of place) (e) Means of injury

23. Signature C.M. Weedman (M.D. or other) DO

Address Perry, Mo Date signed 9/18/45

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

1324

RECEIVED

District Health Officer No. 4

District File Number 945-1126

Date Filed 9-17-45

MAY 16 1955

SEP 20 1945

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.