

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

36252

State File No. _____

Registration District No. 775

Primary Registration District No. 60204

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Bonne Terre Mo
 (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 2
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
 (If outside city or town limits, write "RURAL")
 (d) Street No. N. Allen
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME CORDELIA MARTHA CRESSWELL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel A. Cresswell 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased January 12, 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Washington Co Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name H. A. Douglas

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

14. Maiden name Unknown

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

16. (a) Informant Samuel Cresswell
 (b) Address N. Allen, Bonne Terre, Mo

17. (a) Burial (b) Date thereof Oct 23, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benham Thompson Co
 (b) Address 313 Benham, Bonne Terre, Mo
 19. (a) Oct 21, 1940 (b) N. W. Hamlin
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
 year 1940 hour unknown M.

21. I hereby certify that I attended the deceased from September 14, 1938 to September 28, 1940;
 that I last saw her alive on September 28, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration few
min.

Due to Hypertension

Due to _____
 Other conditions Seizure
 (Include pregnancy within 3 months of death) Several
years.

Major findings: _____
 Of operations J. W.
 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?
At home (Specify type of place) _____
 While at work _____ Means of injury _____

23. Signature Maxwell L. Hays (M. D. or _____) M.D.
 Address Bonne Terre, Mo Date signed 10-24-40

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

4
2
1

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

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Grand Tower 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, above space should be left blank.