

JAN 15 1938

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

44783  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 1388  
 (c) City St. Joseph, (d) Street No. St. Joseph's Hospital 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 16 yrs. 3 mos. 20. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Juanita Fay Corwin,

(a) Residence, No. 2402 North 4th. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1921  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 3 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,  
 9. Industry or business in which work was done, as saw mill, bank, etc. 2  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri, 1

FATHER 13. NAME John Corwin, 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville, Missouri, 1

MOTHER 15. MAIDEN NAME Maggie Cobb,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

17. INFORMANT (ADDRESS) John Corwin  
2402 North 4th. Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cross DATE Dec. 11, 1937

19. FUNERAL DIRECTOR (ADDRESS) Theaton - Beagle & Baum  
319 So. 10th. Str. Lincoln at Home

20. FILED 12-20, 1937 J. H. Nestelberg Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19th, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937, to Dec 18, 1937  
 I last saw him alive on Dec 17, 1937 Death is said to have occurred on the date stated above, at 6:15 m.  
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia see 13-37  
 Date of onset  
 Other contributory causes of importance:  
107a

Name of operation Date of  
 What test confirmed diagnosis? clin Was there an autopsy? no

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? (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? no  
 If so, specify (Signed) L. H. Johnson, M. D.  
 (Address) Kirkpatrick Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-10-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, J. Harold Bowman Licensed Embalmer No. 3619  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
I, E.  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. Harold Bowman  
Licensed Embalmer No. 3619

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.)