

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

29495
Do not use this space.

DECD DEC 13 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. 4-7
 (b) Township _____ Primary Registration District No. 502-4 Registered No. 73
 (c) City Webb City (d) Street No. Jane Chinn 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Charles Warren Corgine St. (If nonresident, give city or town and State)
Prosperity, Mo.
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Corgine
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 24, 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 0 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

FATHER 13. NAME Warren Corgine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data 9

MOTHER 15. MAIDEN NAME Emma Burdick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data 9

17. INFORMANT Mrs Clara Corgine (ADDRESS) Prosperity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stringtown Ill. DATE 11/19/38 19

19. FUNERAL DIRECTOR (NAME) Hedge Nelson (ADDRESS) Webb City Mo

20. FILED NOV. 12 38 19 J. H. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw him alive on Nov 11 1938 Death is said to have occurred on the date stated above, at 9:30 P.M. 11/10/38.
 The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset ASU

Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? view

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Dr. W. Winchester, M. D.
 377 (Address) Prosperity, Mo.

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

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.

FORM 1-1-38-38

RECEIVED

District Health Officer No. 6,

District File Number 6-38-683

Date Filed DEC 7 1938

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,

E. W. Hedge

, or by

Registered Apprentice No. working under my personal supervision.

Signed

E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address

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.