DEC 19 1938

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

39606
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette 2 Registration District No. 460
(b) Township Stover 1 Primary Registration District No. 4272 Registered No. 61
(c) City Corder Mo (d) Street No. ..... 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.
620

2. PRINT FULL NAME Ralph Wentworth Morris Corse
(a) Residence, No. ..... 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: 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: Edna Corse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 13, 1898
7. AGE: Years 39 Months 11 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Grocery Clerk
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): Gold Water Okla.

FATHER
13. NAME: William Wentworth Corse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wellington Mo

MOTHER
15. MAIDEN NAME: Anna Francis Killins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yates Center Kansas

17. INFORMANT (ADDRESS): X Mrs Ralph Corse Corder Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cemetery DATE Nov 18, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. S. James Concordia Mo
20. FILED Dec 1, 1938 Iffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1938, to 11-15, 1938
I last saw him alive on 11-15, 1938. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	
Secondary Pulmonary Oedema	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? None 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) Ernest M. Moore, M. D.
(Address) Higginsville, Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 12/9/38
Date Filed

ASA BARNES, M. D.
Assistant Special Agent,
Bureau of the Census,
HIGGINSVILLE, - MISSOURI.

W

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. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of [redacted]se.)

If this body is not embalmed, above space should be left blank[redacted]