

JAN 13 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

4581

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4509 Benton 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 16 years (years, months or days)

3. (a) PRINT FULL NAME James A McCorkle3. (b) If veteran ✓ name war \_\_\_\_\_ 3. (c) Social Security No. 267

4. Sex Male 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased June 16 1874  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Elgin Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name George W McCorkle13. Birthplace Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Margaret Harper15. Birthplace Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Margaret Riley(b) Address 4509 Benton17. (a) Burial (b) Date thereof 12-1-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salina Kans18. (a) Signature of funeral director Stuef & McClure(b) Address 3235 Gillham Plaza19. (a) Dec. 1, 1939 (b) M. M. Orvone  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4509 Benton  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
year 1939 hour 10 minute 30 P. M.21. I hereby certify that I attended the deceased from 11/28/39  
11/30/39, 1939, to 11/30/39, 1939;  
that I last saw him alive on 11/30/39, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

myocardial failure 2Due to cachexia 93 IIDue to voluntary fasting of3 weeks duration.Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature James O Chambers (M. D. or other) M. D.  
Address 1174 Prof Bldg Date signed 1/1/39

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**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 7236 Guilford

**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.**