

Registration District No. 411Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution: 1618 Ohio
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 40 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Benjamin Corbey3. (b) If veteran, name war ----- 3. (c) Social Security No. -----4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Arminda Corbey 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased August 28, 1861
(Month) (Day) (Year)8. AGE: Years 78 Months 6 Days 10 If less than one day hr. min.9. Birthplace Indiana
(City, town, or county) (State or foreign country)10. Usual occupation B oilermaker

11. Industry or business

12. Name William Corbey13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Margaret Connor
(City, town, or county) (State or foreign country)15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Arminda Corbey(b) Address 1618 Ohio, Joplin, Mo.17. (a) Burial (b) Date thereof 3-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Park Cem.18. (a) Signature of funeral director Hurlbut Und. Co.(b) Address 212 Joplin St., Joplin, Mo.19. (a) 3-11-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1618 Ohio
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8
year 1940 hour 11 minute A.M.21. I hereby certify that I attended the deceased from Mar 8, 1940 to Mar 8, 1940
that I last saw him alive on Mar 8, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Occlusion Right Duration 1 dayOther conditions 9413
(Include pregnancy within 3 months of death)Major findings: Of operations ----- PHYSICIAN -----
Of autopsy ----- 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) Means of injury -----

23. Signature [Signature] (M.D. or other) [Signature]
Address -----

RECEIVED

District Health Officer No. 6,

District No. 440-1032

Date filed APR 10 1940

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.....

Sam E. Sencer

Licensed Embalmer No. 4099

P. O. Address Joplin 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.