

No. 2
1-10-39
-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24609**
Registrar's No. **727**

Registration District No. **85**

Primary Registration District No. **1001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
1701 South 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
37 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Charles Curtis Corum 65D
3. (b) If veteran, name war None **3. (c) Social Security No.** None

4. Sex Male **5. Color or race** white **6. (a) Single, widowed, married, divorced, married**

6. (b) Name of husband or wife Lyda **6. (c) Age of husband or wife if alive** 61 years

7. Birth date of deceased April 16, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Lincoln, Polk County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 1

12. Name Jack Corum **13. Birthplace** Iowa

14. Maiden name Abbie Daggert (State or foreign country)

15. Birthplace Iowa Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lyda Corum
(b) Address 1701 South 9th St

17. (a) Burial **(b) Date thereof** 7-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St

19. (a) (Date received local registrar) 7/7/40 **(b) (Registrar's signature)** [Signature]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
St. Joseph
(c) City or town 0
(If outside city or town limits write "RURAL")
1701 South 9th St
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6
year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from May 25, 1940 to July 2, 1940;
that I last saw him alive on July 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis agitata
Duration ?

Due to 92c

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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? 85
Home at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] **(M.D. or M.P.H.)**
Address Fempacher 31st **Date signed** 7/6/40

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

John E. Myers

Licensed Embalmer No. *3220*
P. O. Address *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.