

Registration District No. 375

Primary Registration District No. 5551A

Registrar's No.

REC'D SEP 23 1940

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural, Sni Bar Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Blue Springs, MO
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 Yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Palmer Corlew
 3. (b) If veteran, name war No
 3. (c) Social Security No. 487 05 3415

4. Sex Male race White
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Evlyn Mae
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased Dec 19 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25	7	20	hr. min.

9. Birthplace Lees Summit MO
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business Mechanic

MOTHER FATHER
 12. Name Wm Corlew
 13. Birthplace Lees Summit MO
(City, town, or county) (State or foreign country)
 14. Maiden name Ida Mae Snodgrass
 15. Birthplace Grain Valley MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Mae Corlew
 (b) Address Lees Summit MO

17. (a) Burial
(Burial, cremation, or removal)
 (b) Date thereof Aug 10 40
(Month) (Day) (Year)

(c) Place: burial or cremation Perdee Chapple
 (a) Signature of funeral director R B Webb
 (b) Address Blue Springs

19. (a) Aug 26 1940
(Date received local registrar)
 (b) Mrs. Frank P. Oster
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Rural Sni A Bar Twp
(If outside city or town limits, write "RURAL")
 (d) Street No. I 1/2 Miles S Blue Springs
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-8-40
 year _____ hour _____ minute 6 P M.

21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him/her on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Crushing Injury, Chest & Pelvis
Crushed Beneath auto that
turned over - no other car
 Other conditions involved
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 2/10/40
 Of autopsy abn

Duration
 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) Accident
 (b) Date of occurrence 8-8-40
 (c) Where did injury occur? Jackson MO
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway
(Specify type of place)
 (e) Means of injury turned over
 23. Signature Russell Jensen (M. D. or other) 5
 Address Jackson Date signed _____

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.....

Licensed Embalmer No.....

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, fact should be so stated above.