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39
23159

Registration District No. 566

Primary Registration District No. 5765

Registrar's No. 112

FILED SEP 24 1940

1. PLACE OF DEATH Mississippi

(a) County Mississippi

(b) City or town Rural- Ohio Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 mi. S. Wyatt, Mo. (Dirk Community)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural- Ohio Township
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi. S. Wyatt, Mo. (Dirk Community)
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mack Corbitt 613

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th.
year 1940 hour 8 minute 30 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Izora Corbitt

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 23 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1939 to Aug 5 40

that I last saw him alive on Aug 5 40

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 11 13 hr. min.

Immediate cause of death Cerebral Hemorrhage 1 da

Due to _____

9. Birthplace Henry County Tennessee
(City, town, or county) (State or foreign country)

Due to hypertension & Chr. nephritis 1 yr

Other conditions _____

(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business Farming

Major findings: 171

Of operations _____

MOTHER FATHER

12. Name Allen Corbitt

13. Birthplace Henry County Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Izora McNaal

15. Birthplace Henry County Tennessee
(City, town, or county) (State or foreign country)

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Izora Corbitt

(b) Address Wyatt, Missouri

17. (a) Burial (b) Date thereof 8-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Cem.-Dirk Com.

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? 745

18. (a) Signature of funeral director Jair-Nunnelee Service

(b) Address Charleston, Mo.

19. (a) 8-8-40 (b) J. J. Brown
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work _____ Means of injury _____

23. Signature E. Charles Polking (M. D. or other) _____

Address Charleston Mo. Date signed 8/7/40

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

RECEIVED

District Health Officer No. 2

District File Number 940-13

Date Filed 9/3/40

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 F. Minneley Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston

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, fact should be so stated above.