

FILED MAY 11 1941
Registration District No. _____

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1529 Connecticut
(If not in hospital or institution, write street number or location)

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

In this community 38 years

3. (a) PRINT FULL NAME Wella Corbett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, divorced, or married Divorced

6. (b) Name of husband or wife W. M. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 14 1870
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Curran, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business _____

12. Name William Bridges

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Parah Lee

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

16. (a) Informant J. M. Corbett

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 4-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Shambert-Dellan
(b) Address Joplin, Mo.

19. (a) 4-14-41 (b) W. M. Corbett
(Date received by 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. 1529 Connecticut Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 41 hour 845 minute 77 M.

21. I hereby certify that I attended the deceased from on 4-11, 1941, to _____, 19____;

that I last saw her alive on _____, 19____;

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

Immediate cause of death Ch Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration 6 mo

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 W. M. Corbett (M. D. or other) D. M. W.
Address Joplin, Mo. Date signed _____

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

41-5-448

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..... *David Dillon*

Licensed Embalmer No. *3898*

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, fact should be so stated above.