

DEC 22 1941

Registration District No. 1399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 Years
(Specify whether years, months or days)
In this community 42 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 0
(d) Street No. 334 McDowell
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1941 hour 2:50 minute _____ P _____ M _____
21. I hereby certify that I attended the deceased from 11/22/41 19 to 11/24/41 19
that I last saw him alive on 11/23/41 19
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Bud R. Corbin, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lillian Corbin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 23 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Stone Mason

12. Name George Corbin

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harless

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

16. (a) Informant Ralph Corbin

(b) Address 334 McDowell, K. C. Kansas

17. (a) Burial (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Passantino Brothers

(b) Address Kansas City, Missouri

19. (a) 11-25-41 (b) M. D. Crown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage Duration 11/22/41

Due to Hypertension

Due to Stroke

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Cerebral Hemorrhage

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) _____ Means of injury 0
23. Signature [Signature] (M. D. or other) _____
Address 1401 S. [Address] Date signed 11/24/41

Dr. J. W. Young
1401 SW Blvd.
1:00 to 5:00

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.....
..... *myself*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Beit Legan*

Licensed Embalmer No. *3979*

P. O. Address..... *H. C. 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.